

**MARION COUNTY BOARD OF COUNTY COMMISSIONERS**  
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 12-16-25

BOARD NAME: RLE Advisory Board

**PERSONAL INFORMATION**

Name: William Oberbeck  
Occupation: Permit Tech / Marion County OLE  
If Retired, previous occupation:  
Address: 3946 SW Shorewood DR  
City: Dunnellon State: FL ZIP: 34431  
Phone#: 352 353 9132  
E-mail Address: williamoberbeck@gmail.com

**MAILING ADDRESS (If different from residence):**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your address or any other personal information exempt under Florida Statute 119.07? Yes        No         
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone X Mail        Email       

The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male X Female        Prefer not to disclose       

Physically Disabled: Yes        No X Prefer not to disclose       

Race: African-American        Native-American        Caucasian X Other         
Hispanic/Latino        Asian-American        Prefer not to disclose       

Are you a registered voter? Yes X No       

Do you own homestead property in Marion County? Yes X No       

Are you employed by Marion County or have relatives that are Marion County employees? Yes X No       

If yes, please provide position, department and/or relationship to County employee and their position/department

Office of the County Engineer / Right of Way Permit Tech

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes  No

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes  No

If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).

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Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes  No

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

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#### WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

(Include current or previous work experience; community involvement; interests/activities)

My family lives & resides in RLF. I have kids that go to events  
parks and use the lakes. I have worked RLF events. Main interest  
is playgrounds and the 3 Lakes

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#### SERVING ON OTHER BOARDS

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes  No

If yes, which board?

(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes  No

If yes, when, where and which board(s)?

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#### REFERENCES - Please list three (3) personal and/or business references

(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name: Geoff Starr  
Phone Number:  Email:

Name: Steve Laurentz  
Phone Number:  Email:

Name: Robert Howard  
Phone Number:  Email:

INITIAL:  I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

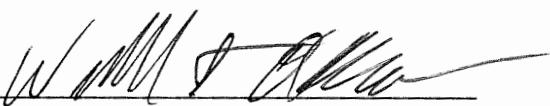
INITIAL:  I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL:  I agree to complete training within six (6) months from the date of my appointment.

INITIAL:  I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.07. I confirm the accuracy of all details provided and their suitability for public release.

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**By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.**

SIGN: 

DATE: 12-18-25

PRINT: William A. Oberbeck

RECEIVED BY BCC:

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This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

**RETURN FORM TO:**

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471

Or via email to: [Commissionadmin@marionfl.org](mailto:Commissionadmin@marionfl.org)

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.