MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 9/27/25 BOARD NAME: PLANNING & ZONING COMMISSION		
PERSONAL INFORMATION Name: Occupation: If Retired, previous occupation: Address: City: Phone#: State: F/. ZIP: 34922 MAILING ADDRESS (If different from residence):		
Address:		
Is your address or any other personal information exempt under Florida Statute 119.07? Yes No 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 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 Prefer not to disclose Physically Disabled: Yes No Prefer not to disclose Race: African-American Native-American Caucasian Other Hispanic/Latino Asian -American Prefer not to disclose		
Are you a registered voter? Yes . No Do you own homestead property in Marion County? Yes No _X Are you employed by Marion County or have relatives that are Marion County employees? Yes No If yes, please provide position, department and/or relationship to County employee and their position/department		

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).	
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_X	
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.	
WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS? (Include current or previous work experience; community involvement; interests/activities) PREVIOUSLY SERVED 10 YEARS TO SURVIVER DET TOUS BOADS	
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	
Have you ever served on a City or County advisory board? Yes No If yes, when, where and which board(s)? LISTED TIBOUSE	
REFERENCES - Please list three (3) personal and/or business references (PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)	
Name: HENNIFER REINSNYDER ESTA Phone Number: Email: Email	
Phone Number: Email: Email: Phone Number: Email: Email:	

INITIAL: I authorize Marion County to contact my application may be verified by Marion County.	references and I understand that all statements made on this
if appointed.	d with being a board member, and I have adequate time to serve
INITIAL: I agree to complete training within six (6)	months from the date of my appointment.
	ation makes all provided information public record, subject to Florida Statute 119.071. I confirm the accuracy of all details
	on I provided in this application is true and correct, and that cation may result in my removal from my appointed position.
any misstatements or material omissions on my applic	cation may result in my removal from my appointed position.
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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

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