

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

APPLICATION DATE: JANUARY 7, 2025  
BOARD NAME: MARION COUNTY HISTORICAL COMMISSION  
ADVISORY BOARD

**PERSONAL INFORMATION**

Name: COURTLAND WILLIAM RICHARDS  
Occupation: PHOTOGRAPHER / VIDEOGRAPHER  
If Retired, previous occupation: \_\_\_\_\_  
Address: 6006 OAKMONT AVENUE  
City: OCALA State: FLA ZIP: 34472  
Phone#: 850-294-6228  
E-mail Address: CWRICHARDS@bellsouth.net

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

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

Is your address or any other personal information exempt under Florida Statute 119.70? 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  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  Female \_\_\_ 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

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

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)

I'VE BEEN A RESIDENT OF MARION COUNTY (IN FLA) SINCE 1963. I HAVE A STRONG INTEREST IN MARION COUNTY'S EARLY HISTORY AS WELL AS MODERN DAY HISTORY. I AM CURRENTLY WORKING ON 3 VIDEO INTERVIEWS WITH RESIDENTS THAT HAVE VAST AMOUNTS OF KNOWLEDGE OF ACTIVITIES IN THE COUNTY.

**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)? THE MARION COUNTY HISTORICAL COMMISSION ADVISORY BOARD FROM OCTOBER 2022 TO THE PRESENT TIME.

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

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

- Name: FRED SIVVY (FINANCIAL CONSULTANT)  
Phone Number: 352-216-2251 Email: fred.sivvy@aol.com
- Name: CHARLES E. RICKOLT (APPRAISER)  
Phone Number: 352-216-8107 Email: chuck@rhodesandrickett.com
- Name: ROCK GIBBONEY (RETIRED BANKER)  
Phone Number: 352-572-2961 Email: rockgibb@gmail.com

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

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

INITIAL: MR I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. 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: Courtland W. Richards DATE: JANUARY 7, 2025

PRINT: COURTLAND W. RICHARDS

MARION COUNTY BCC

RECEIVED BY BCC: JAN 08 2025

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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.