



City of Ocala
Growth Management Department
201 S.E. 3rd Street, 2nd Floor
352-629-8404 | www.ocalafl.gov | gmd@ocalafl.gov

I, _____, am the legal representative of the applicant and am authorized to speak on his behalf for the subject matter.			
Agent's Mailing address:			
City:		State:	
Agent's Phone:		Agent's Email:	
Agent's Signature:			

ATTENDANCE at the public hearing by the applicant or agent as designated in writing IS MANDATORY.

For Staff Use Only:

- Petition has been checked and found to contain all required information. Yes No
- Date received: _____
- Case Number assigned: _____