

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Derrise Cook DATE: 4-1-24
ADDRESS: 5661 Chipping Way W PHONE: 904 508 3978
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32222
REPRESENTING: NAACP / RED Alliance
SIGNATURE: Derrise Cook ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Bill 2024-0216
Bill 2024-253


**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

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NAME: Anthony Brown DATE: 4/1/24
ADDRESS: 11882 Curlew Way PHONE: 706-249-0700
CITY: Jacksonville COUNTY: _____ STATE: FL ZIP: 32223
REPRESENTING: Red Alliance
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Bill 2024-0216

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*Name & Address are required

NAME: Tiffany Khese DATE: April 1 2024

ADDRESS: 13300 Atl Blvd PHONE: 904 203 3175

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32225

REPRESENTING: NW JAX CDC

SIGNATURE: T Khese ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2024-0216

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NAME: Michael Poché DATE: 4/1/24

ADDRESS: 124 W. Jefferson St. PHONE: 772-538-2202

CITY: Tallahassee COUNTY: Leon STATE: FL ZIP: 32301

REPRESENTING: Duval County hospitals

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Item #12 - amending LPPF ordinance

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