

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Joseph Jackson DATE: 10.17.24

ADDRESS: 7400 Timber Falls Ct PHONE: 904.608.7073

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32219

REPRESENTING: _____

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: USEB & Bldg

**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: Ty Grady DATE: 06-17-2024

ADDRESS: 491 Lake Sinclair Street PHONE: 305-619-1558

CITY: St. Augustine COUNTY: St. John STATE: FL ZIP: 32084

REPRESENTING: CGS-Volunteer

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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NAME: Rose Pierre DATE: June 17
ADDRESS: 1318 Van Buren Jax Fl 32206 PHONE: 904-568-4035
CITY: Jacksonville COUNTY: Duval STATE: Fl ZIP: 32206
REPRESENTING: East coast Striping and ~~PA~~ Painting Inc
SIGNATURE: Rose Pierre I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____


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NAME: Shereline Redden DATE: 6-17-24
ADDRESS: 9414 E Carbondale Dr PHONE: 904-525-2309
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32208
REPRESENTING: TP Firm
SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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