

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Caryn M. Oliver DATE: 11-21-03

ADDRESS: 411 E Adam St PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: _____

SIGNATURE: C. Oliver I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

**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.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Holly King DATE: 11/21/2023
ADDRESS: 436 Jefferson Rd PHONE: 904-536-4109
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32225

REPRESENTING: _____

SIGNATURE: Holly King I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0758

I Support I Oppose

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PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

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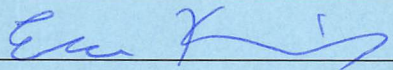
*Name & Address are required

NAME: Eric King DATE: 11/21/23

ADDRESS: 436 Jefferson Rd. PHONE: 904-775-2604

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

REPRESENTING: _____

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023 0758

I Support I Oppose

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PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Donna Troup DATE: 11/21/23
ADDRESS: 3114 Peach Drive PHONE: 904 562 8989
CITY: JAY COUNTY: Duval STATE: FL ZIP: 32246

REPRESENTING: _____

SIGNATURE: Donna Troup I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0758

I Support I Oppose

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