

2023-0766 - CONGRATULATIONS TO THE WINNER R.F. # 031960-0000 IN DIST. 10
\$1,813,000 AT THE NEGOTIATED PURCHASE PRICE. ✓

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

AGENDA ITEM 27

2023-0807 Line 30+31 \$500,000 TO 'COOL COMMUNITIES' INITIATIVE. ACCES NOT PRIVATE

PLEASE PRINT

*Name & Address are required

YOU HAVE TO BE TALKING ABOUT NOONEY'S PUBLIC

NAME: JOHN PHILANTHROPIC RESILIENCY NOONEY DATE: 11/21/2023 FINANCE

ADDRESS: 8356 BARCOM RD. PHONE: 904-434-0839

CITY: JAX COUNTY: DUVAL STATE: FL. ZIP: 32216

REPRESENTING: POTTSBURG CREEK PUBLIC PARK CATEGORY 1 WETLANDS NEXT TO A FEMA

SIGNATURE: John J. Nooney HOUSE IN CITY COUNCIL DISTRICT 4. SCHOOL BOARD DISTRICT 3
CPAC PLANNING DIST. 3

I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: NEED A SPONSOR! THE PUBLIC TRUST

ABSOLUTELY CRUSHED AND DESTROYED ON OUR WATERWAYS, ESPECIALLY
POTTSBURG CREEK. SO MANY EXAMPLES 2021-0650, 2022-0398, 2023-0593+94

TRAIL COMMISSION SPEAKING TIME IS LIMITED TO **THREE (3) MINUTES PER SPEAKER.**

NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

3000 CHEEK CUT ON PARKWAY HOME RD. OVER SUPER BOWL WHITEHALL.

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

SCOTT WILSON }
BILL DELANEY } **HELP!**

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER



PLEASE PRINT

*Name & Address are required

NAME: BROOKS ANDREWS DATE: 11-21-23

ADDRESS: 3623 RINE ST. PHONE: (904) 608-4084

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32205

REPRESENTING: RIVERSIDE AVONDALE PRESERVATION

SIGNATURE: Brooks A. Andrews I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: ADVOCY STATEMENT FOR THE RIVERSIDE AVONDALE CULTURAL TRAIL, A PLACE MAKING PROJECT IN THE 2023 TRANSITION COMMITTEE REPORT

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 COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carne Oliver DATE: 11-21-23

ADDRESS: 611 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.)