

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Wesley Myron Jackson Jr. DATE: \_\_\_\_\_

ADDRESS: 3048 Lankford Dr. PHONE: 407 596 7245

CITY: Jax COUNTY: Fla STATE: Fla ZIP: 32309

REPRESENTING: \_\_\_\_\_

SIGNATURE: Wesley Myron Jackson Jr.  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: \_\_\_\_\_

Homeless / Displacement of  
Red Light Corridor

**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: Cannell Oliver DATE: 02-28-23

ADDRESS: 611 E Adam PHONE: \_\_\_\_\_

CITY: Jax COUNTY: Duval STATE: FL ZIP: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_

SIGNATURE: CO  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: \_\_\_\_\_

\_\_\_\_\_

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