

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Pam SORENSON DATE: 4/18/23
ADDRESS: 1431 RIVERPLACE BLVD # 3701 PHONE: 904 399-0541
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE: *Pam Sorenson*

I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number

2023-0212

I Support

I Oppose

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: Lauren Carlucci DATE: 4/18/23

ADDRESS: 1551 Alexandra Pl. N PHONE: 38 2461

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: SMPS

SIGNATURE: Lauren Carlucci I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2023-0213

I Support I Oppose

**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: Carnell Oliver DATE: 4-18-23

ADDRESS: 411 E Adams PHONE: _____

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

REPRESENTING: _____

SIGNATURE: C. Oliver I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-209

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