REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Carnell Oliver DATE: 07-19-22

ADDRESS: 6527 Oak Leaf rd PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32208

REPRESENTING: _____

SIGNATURE: C Oliver ☐ I DO NOT WISH TO SPEAK

CHOOSE ONE

Ⓗ PUBLIC HEARING: Bill Number 2022-402

☐ I Support ☐ I Oppose

Ⓟ PUBLIC PARTICIPATION: Bill Number _____

☐ I Support ☐ I Oppose

Ⓒ 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.)

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Christina Kelcourse DATE: July 19, 22

ADDRESS: 6478 Buffalo Ave PHONE: 561-632-274

CITY: Jax COUNTY: _____ STATE: FL ZIP: 32208

REPRESENTING: Sunshine ~~Com~~ Organics + Compost

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK Questions only

CHOOSE ONE

Ⓗ PUBLIC HEARING: Bill Number ~~22~~2022-0454

☒ I Support ☐ I Oppose

Ⓟ PUBLIC PARTICIPATION: Bill Number _____

☐ I Support ☐ I Oppose

Ⓒ COMMENTS FROM THE PUBLIC: Subject _____

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