

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Marcus Heile DATE: 9/16/22

ADDRESS: 40 East Adams Street, Suite LL30 PHONE: 904-238-9000

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

REPRESENTING: Literacy Alliance of Northeast Florida

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: General info on housing opportunities at housing locations

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

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NAME: John Gislason DATE: 9/16/22

ADDRESS: 4770 Race Track Rd PHONE: _____

CITY: St. Johns COUNTY: ~~Col~~ St Johns STATE: FL ZIP: 32259

REPRESENTING: D12 Harbor

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Increasing zoning

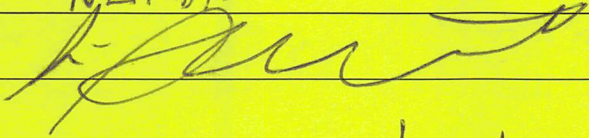
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NAME: Jessie Spradley DATE: 9-17-2022
ADDRESS: ~~48~~ 6747 Southpoint Parkway PHONE: 904-294-0213
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32216
REPRESENTING: NEFAA
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Legalize Missing Middle

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*Name & Address are required

NAME: Justin Garrett DATE: 9/16/2022

ADDRESS: 4456 Sunbeam PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32257

REPRESENTING: NARPM

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Workforce Housing

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*Name & Address are required

NAME: Catherine Freeman DATE: 9/16/22

ADDRESS: 1183 Violet Street PHONE: _____

CITY: Atlantic Beach COUNTY: Duval STATE: FL ZIP: 32233

REPRESENTING: HabiJax

SIGNATURE: Catherine Freeman ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Beth Mixson DATE: 9/14/2022
ADDRESS: 2824 Corinthian Ave PHONE: 904 537 3445
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32210
REPRESENTING: Family Promise of Jacksonville
SIGNATURE: Beth Mixson ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Security deposits,
application fees, waiting list fees.

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*Name & Address are required

NAME: Lyle Mitchell DATE: 9/16/22

ADDRESS: 9064 Polk Ave PHONE: 904-304-6228

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

REPRESENTING: Tec

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Harsing

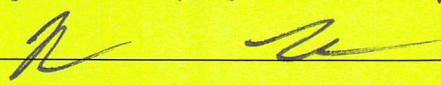
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*Name & Address are required

NAME: JUSTINA FOSTER DATE: 9/16/2022
ADDRESS: 12933 Chets Creek Dr S PHONE: 904-582-2027
CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32224
REPRESENTING: JAX RENTAL HOUSING PROJECT
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: to Foreign Corporate LL

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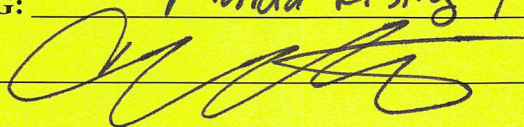
*Name & Address are required

NAME: Christina Kittle DATE: 9/16/22

ADDRESS: 2523 Forbes Street PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: 32204

REPRESENTING: Florida Rising / Jacksonville Community Action Committee

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Alex Sifekis DATE: 9/16/22

ADDRESS: 340 8th St PHONE: 904-566-6400

CITY: Atlantic Beach COUNTY: Duval STATE: FL ZIP: 32233

REPRESENTING: JWB

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Maria Garcia DATE: 9/16/22

ADDRESS: 250 Ravine Street PHONE: 904-894-8896

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: Duval Theory of Change Table

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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