

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: ~~2022-0704~~ Carnell Oliver DATE: 10-03-22

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: 2022-0704

**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: Cornell Oliver DATE: 10-3-22

ADDRESS: 8611 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: 2022-0745 Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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OUR CHARTER IS GONK, ETHICS HAS BEEN GUTTED

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*Name & Address are required

Rules

NAME: JOHN J. NOONEY DATE: 10/3/2022

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

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

REPRESENTING: DINY DINY, SNL, AARP, FWC, KTB, STRK, BBB, IG, AG, OGC

SIGNATURE: John J. Nooney ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2022-0745, 2022-0188-IG.

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