

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carnell Oliver DATE: 10-9-2022

ADDRESS: 611 E Adam St PHONE: _____

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

REPRESENTING: _____

SIGNATURE: C.O. I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2022-0574

**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: Joseph (Jody) Brandenburg DATE: 10/4/22
ADDRESS: 3691 Windmoor Dr. PHONE: 904-614-3334
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32217
REPRESENTING: Oaklawn Cemetery
SIGNATURE: Joseph A. Brandenburg I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number TSU 2022-682
 I Support I Oppose

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