

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carpell Oliver DATE: 10-17-22

ADDRESS: 611 E Adams St PHONE: _____

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

REPRESENTING: _____

SIGNATURE: C. Oliver ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2022-0417

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.)

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*Name & Address are required

NAME: JAY STOWE DATE: 11-17-22
ADDRESS: 21. W. CHURCH ST PHONE: _____
CITY: JAX COUNTY: FL STATE: FL ZIP: 32202
REPRESENTING: SEA
SIGNATURE: JS ☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Regarding the SEA CBA's

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 & Address are required

NAME: Ronnie Barr's DATE: 10-17-22

ADDRESS: 3640 Newcomb Rd PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: Linda

SIGNATURE: Ronnie Barr's ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.

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"CBA"