

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Carnell Oliver, DATE: 11-15-22

ADDRESS: 611 E Adam St PHONE: \_\_\_\_\_

CITY: Jax COUNTY: Duval STATE: FL ZIP: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_

SIGNATURE: [Signature]  I DO NOT WISH TO SPEAK

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.)**

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: TR Hainline DATE: 11/15/22  
ADDRESS: 1301 Riverplace Blvd Dux FL 32207 PHONE: 904-398-3911  
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207  
REPRESENTING: Ryals Creek CDD  
SIGNATURE:   I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2022-796

**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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