PLEASE PRINT *Na	ame & Address are required	
NAME: Coy	ne// Oliver DATE: 12-6-20	3
ADDRESS:	E Adams PHONE:	
CITY:	COUNTY: DUIG STATE: ZIP:	
REPRESENTING:		
SIGNATURE:	☐ I DO NOT WISH TO	SPEAK
COMMENTS FROM	THE PUBLIC SUBJECT:	

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

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER
PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER
PLEASE PRINT SPRINT Name & Address are required Thompson - KATAK Guy 2022-0835
The Address are required #4,000,000 TOC
NAME:
ADDRESS: \$356 BASCOM RO. PHONE: 904-434-0839
CITY: JACKSONVILLE COUNTY: DUVAI STATE: FL ZIP:
REPRESENTING: KIMICS COMMISSION FIND, IG, OUT, 68 END AG IGOISS
SIGNATURE: Don't looney I do not wish to speak
COMMENTS FROM THE PUBLIC SUBJECT: CORRUPTION ON OUR WAIKRWAYS-
COMMENTS FROM THE PUBLIC SUBJECT: CORRUPTION ON OUR WATERWAYS-
PARK, 2022-0875-455-ORLECK + 26 OF CATHERINE ST.
SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
021-0075 NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required			
NAME: Deruis Chan DATE: 12/6/2022			
ADDRESS: 10110 San Jose Balliard PHONE: 904 646 1478			
CITY: JAX COUNTY: DUOL STATE: FL ZIP: 37257			
REPRESENTING: TDC			
SIGNATURE: I DO NOT WISH TO SPEAK			
COMMENTS FROM THE PUBLIC SUBJECT: 5UPPOUT of 2022 - 835			

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

PLEASE PRINT *Name & Address are required				
NAME: Ingela Phillips	DATE: 12/1e/2022			
ADDRESS: 5151 Pivates Cove Rd.	PHONE: 3059488664			
CITY: Jacksonville county: Duval	STATE: FL ZIP: 3221 D			
REPRESENTING: Tourist Development Council				
SIGNATURE: Augelan Phillips	I DO NOT WISH TO SPEAK			
COMMENTS FROM THE PUBLIC SUBJECT: \\ SUPPOSE	1 2022 0835			

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

PLEASE PRINT *Name & Address are requirements *Name & Address are requir	ired	
NAME: Dennis Thompson		DATE: 12 - 6 - 2022
ADDRESS: 500 Wonderwood Dr		PHONE: 904-525-0744
CITY: Jacksonville	COUNTY: Duvel	STATE: <u>F(</u> ZIP: <u>3 2233</u>
REPRESENTING: TOC		
REPRESENTING: TDC SIGNATURE: Sumi 32 lugur J		I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJE	CT: ORS 200	12-0835 - Support

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