

## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Carnell Oliver DATE: 01-18-23

ADDRESS: 611 E Adams PHONE: \_\_\_\_\_

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202

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

SIGNATURE: C. Oliver  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Reparation Study

For African Americans

---

**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.)**