

**PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER**

**PLEASE PRINT**

\*Name & Address are required

NAME: Carnell Oliver DATE: 04-3-23

ADDRESS: 111 E Adam St PHONE: \_\_\_\_\_

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

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

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.)**