

## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Wainwright Jackson Jr. DATE: 4/4/23

ADDRESS: 504 S Barkwood Dr PHONE: 404-396-7747

CITY: Day COUNTY: Day STATE: FL ZIP: 32119

REPRESENTING: Self

SIGNATURE: Wainwright Jackson Jr. ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Public Safety

**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: Carnell Oliver DATE: 04-4-23

ADDRESS: 111 E Adams PHONE: \_\_\_\_\_

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

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

SIGNATURE: C. Oliver ☐ 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.)