

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carnell Oliver DATE: 04-17-23

ADDRESS: 111 E Adam St PHONE: _____

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

REPRESENTING: _____

SIGNATURE: C. Oliver I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-0197

**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: Davis C Roberts BALES DATE: April 17, 2023

ADDRESS: 645 Casey Blvd. PHONE: 202-400-0430

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32211

REPRESENTING: First Coast Rowing club

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-0216

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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