



PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: 8527 Oak Leaf Ln DATE: 07-18-23

ADDRESS: 611 E Adams St PHONE: _____

CITY: Jay COUNTY: Dwight STATE: Fh ZIP: 32207

REPRESENTING: _____

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: ~~2023-0902~~ [Signature]
2023-386

**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.)