

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carrell Oliver DATE: 07-31-23

ADDRESS: 611 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-~~2022~~ 402

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.)