

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT


*Name & Address are required

NAME: DANE BENNETT DATE: 9-19-23

ADDRESS: 841 Prudential Drive #1802 PHONE: 904-202-4542

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32207

REPRESENTING: BAPTIST HEALTH / WOLFSON CHILDRENS HOSPITAL

SIGNATURE:  ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: BAPTIST / WOLFSON SUPPORTS 2023 ~~PROGRAM~~
THE LOCAL AGREEMENT IS ESSENTIAL FOR THE DIRECTED PAYMENT
PROGRAM (DPP). DPP IS CRITICAL TO ADDRESSING WOLFSON'S MEDICAID SHORTFALL

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.)

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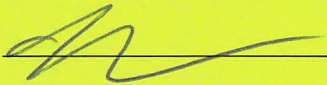
*Name & Address are required

NAME: Derek Collins DATE: 9-18-23

ADDRESS: 11243 Andrew Dr. PHONE: 904-955-5357

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: The Fire watch

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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