

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Cappell Oliver DATE: 10-3-23

ADDRESS: 611 E Adams St PHONE: \_\_\_\_\_

CITY: Jay COUNTY: Duwel STATE: Ft ZIP: 32202

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

SIGNATURE: C. O. Oliver  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: \_\_\_\_\_

2023-20

**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.)**