

## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Samuel Oliver DATE: 11-20-23

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

CITY: Jax COUNTY: Duval STATE: FL ZIP: \_\_\_\_\_

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

SIGNATURE: S. Oliver  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-0799

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**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.)**

EVIDENCE! FOR GOVERNOR NEED A SPONSOR!  
- SA, AG.

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\*Name & Address are required

NAME: JOHN PHILANTHROPIC RESILIENCY NOONEY DATE: 11/20/2023 RUBEN MTB

ADDRESS: 8356 BALCOM RD. PHONE: 904-434-0839

CITY: JAX COUNTY: DUVAL STATE: FL. ZIP: 32216

REPRESENTING: POTTSBURG CREEK PUBLIC PARK THAT IS CATEGORY 1 WETLANDS NEXT

SIGNATURE: John J. Nooney AND RETURNED TO CITY CONTROL  I DO NOT WISH TO SPEAK  
in City Council Dist 4, School Board District 3. CPAC-3

COMMENTS FROM THE PUBLIC SUBJECT: NEED A SPONSOR FOR  
POTTSBURG

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