PLEASE PRINT	*Name & Address	s are required					
NAME:	Tichall	Hashi-s		DA	TE:	2/5/24	
ADDRESS:	417 W	AL ST	裂		PHON	NE: 904-353-77	27
				Debal	STATE	E: FL ZIP: 32206	
REPRESENTING	s: <u>S/</u>	PAR					
SIGNATURE:	a] I DO NOT WISH TO SPI	EAK
COMMENTS FR	OM THE PUBLI	C SUBJECT:	An	ailtble f	er e	questions)	
						24-38	

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are requi	<u>ired</u>			
NAME: JERRY HOLL		DATE:	2/5	124
ADDRESS: 105 & MONNO	1	PH0	ONE: 2	55-VOTE
CITY: JAK	_COUNTY:	STA	TE:	ZIP:
REPRESENTING: Supego.	ison of	Elections	2	
SIGNATURE:	/ //			NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJE	ест: <u>2</u>	024-003	3/	
	20	124-004	15	

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Alice Mauro	DATE: 2/5/2024
ADDRESS: 7701 Baymeadows Cir W #1026	PHONE: 904-874-1590
CITY: Jacksonville county: Durch	STATE: <u>FL</u> ZIP: <u>322Slo</u>
REPRESENTING: Village Green 1	
REPRESENTING: Village Green 1 SIGNATURE: Clico M. Mauro	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: BCID in	support of bonding and
assessed paymentsvalues,	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES PER SPEAKER.</u>
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required
NAME: Carol Gichling DATE: 05 Feb 2024
ADDRESS: 7673 By medowy Cr W Fo74PHONE: 901-897-0226
CITY: <u>Jackon vielle</u> <u>county: Du vol</u> <u>STATE: FL</u> ZIP: <u>32256</u>
REPRESENTING: BUD-Supervisor/Village Green Z
SIGNATURE: AND SIGNAT
COMMENTS FROM THE PUBLIC SUBJECT: Support 7024 - 0049
Need Changes to issue bonds and equitable
OSBESS MENTS, Need to get work storted as casts keep
SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.