## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required
NAME: Alic Baldwin DATE: APV 1,2024
ADDRESS: 2943 Sendlwist RD E PHONE:
CITY: Jacksonville COUNTY: Armston STATE: FC ZIP: 322//
REPRESENTING: 4 COMMUNITY OF PEECS
SIGNATURE: Bold I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: LIFE cocching Agency
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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.)