

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Cyrus H Oliver DATE: 01-2-24

ADDRESS: 61 E Adams St PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: Jay Social Justice Dept

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Bridges

**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.)

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: John Hale DATE: 4/2/24

ADDRESS: 1 UHF Drive PHONE: 904 620 1713

CITY: Jax COUNTY: _____ STATE: FL ZIP: 32204

REPRESENTING: UHF

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2024-0205

I Support I Oppose

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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