

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Terry M. Jackson Jr DATE: 5/31/24
ADDRESS: 7045 Bankwood Dr PHONE: 404-386-7244
CITY: Dor COUNTY: Duval STATE: Fla ZIP: 32214

REPRESENTING: Self

SIGNATURE: [Handwritten Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Public Safety on Roads
The 3rd Baywood Rd Reindeer

**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 COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Campbell Oliver DATE: 05-21-24
ADDRESS: 211 E Adam St PHONE: _____
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32209
REPRESENTING: _____

SIGNATURE: C. Oliver I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2024-0291

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

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