

# PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

\*Name & Address are required

NAME: ROB HEERIN, JR., ESQ. DATE: 08/20/2024

ADDRESS: 2333 ATLANTIC BOULEVARD PHONE: 904-629-4870

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32207

REPRESENTING: MORQUECHO - APPLICANTS

SIGNATURE: [Signature]  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2024 - 0554

I Support

I Oppose

**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: LORRINN CASSANDRA Woods DATE: 08.20.2024

ADDRESS: 600 N WASHINGTON ST PHONE: 904.405.2778

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32202

REPRESENTING FAMILY

SIGNATURE: Lorriann Cassandra Woods  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: LEGISLATION 2024-0631 AND ETHICS  
NATIVE LAND RIGHTS

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