

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

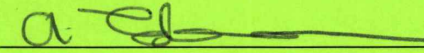
*Name & Address are required

NAME: Aniela Edwards DATE: 11/4/2024

ADDRESS: 3000 SW 35th Place PHONE: _____

CITY: Gainesville COUNTY: ~~SNHP~~ Alachua STATE: FL ZIP: 32608

REPRESENTING: SNHP/UFCA

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

**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.)

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*Name & Address are required

NAME: Maria Davis DATE: 11/11/24
ADDRESS: 5249 118th St PHONE: 904-860-8896
CITY: Jacksonville COUNTY: _____ STATE: FL ZIP: 32244
REPRESENTING: _____
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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*Name & Address are required

NAME: Kenneth Davis DATE: 1/14/2024
ADDRESS: 5120 SW 13th Pl. PHONE: 386-631-0801
CITY: Gainesville COUNTY: Alachua STATE: FL ZIP: 32607
REPRESENTING: UF Com SW AFD
SIGNATURE: Kenneth Davis I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Thank you for your time & consideration

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