

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Sylvia Powell
ADDRESS: Address on file
PHONE: 904-707-4226

CITY: ZIP: COUNCIL DISTRICT: 7

EMAIL ADDRESS:

REPRESENTING:

PUBLIC COMMENT SUBJECT: How would local grant funding for training and infrastructure be managed? who will manage the funding? How will funds be distributed?

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NAME: HAYDEN GERMANIS DATE: 02/08/2023

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____ COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: _____

REQUEST TO SPEAK / REGISTER

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*Name & Address are required.

NAME: Saige Teage DATE: 2/8/25

ADDRESS: 2034 Hubbard St PHONE: 904-662-8156

CITY: Jacksonville ZIP: 32209 COUNCIL DISTRICT: 7

EMAIL ADDRESS: Saigeteage@gmail.com

REPRESENTING: ~~None~~ ~~Passive~~ Community Activist

PUBLIC COMMENT SUBJECT: I feel like it's going to positively affect the community and the elderly who don't have a reliable piece of transportation.

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NAME: Qwen Parr DATE: 2/8/25

ADDRESS: 2022 Church St. W PHONE: 88917-526-8000

CITY: Jacksonville ZIP: 32209 COUNCIL DISTRICT: _____

EMAIL ADDRESS: web manager @ pec.gov

REPRESENTING: Free Small Business & Trade

PUBLIC COMMENT SUBJECT: Concern for ^{ability to provide for consumers} Big Chain Supermarkets ~~and competing small~~
~~businesses~~

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*Name & Address are required.

NAME: Tabitha Byers DATE: 2/8/23

ADDRESS: 8449 Glade Ln PHONE: 828 888 7462

CITY: JAX ZIP: 32217 COUNCIL DISTRICT: 5

EMAIL ADDRESS: tabbyers315@gmail.com

REPRESENTING: Self

PUBLIC COMMENT SUBJECT: support 2025 - Food desert
& grocery store

SUPPORT - Red line resolution

REQUEST TO SPEAK / REGISTER

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*Name & Address are required.

NAME: Christopher Williams

DATE: 2/8/25

ADDRESS:

CITY: Jacksonville

ZIP: COUNCIL DISTRICT:

EMAIL ADDRESS:

REPRESENTING:

PUBLIC COMMENT SUBJECT: Full-service grocery store great

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*Name & Address are required.

Hayley

NAME: _____
ADDRESS: _____
CITY: _____
ZIP: _____
COUNCIL DISTRICT: _____
PHONE: _____
DATE: _____

REPRESENTING: _____
PUBLIC COMMENT SUBJECT: _____

How will ^{Public} transit portation be modified to
make this grocery store accessible? Is there a bus
stop already present at this location? Would the
bus stop need to be updated to accommodate an
influx of people trying to access groceries?
groceries?

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*Name & Address are required.

NAME: HAYDEN GERMANIS DATE: 02/08/2025

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____ COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: _____

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PLEASE PRINT

*Name & Address are required.

Trevor Clark

NAME:

DATE:

ADDRESS:

PHONE:

Tadsworth ZIP: 32244

CITY:

COUNCIL DISTRICT:

Trevor Clark@gmail.com

EMAIL ADDRESS:

REPRESENTING:

Need to work on road, need to

PUBLIC COMMENT SUBJECT:

More safety!

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

**Name & Address are required.*

NAME: HAYDEN GERMANIS DATE: 6-2/08/2025

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____ COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: _____

