## REQUEST TO SPEAK / REGISTER - JACKSONVILLE CITY COUNCIL PLEASE PRINT **ADDRESS:** CITY: JOY COUNTY: **REPRESENTING:** I DO NOT WISH TO SPEAK SIGNATURE: (H) PUBLIC HEARING: Bill Number . I Support (P) PUBLIC PARTICIPATION: Bill Number \_ **CHOOSE** ONE -☐ I Support I Oppose © 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.)

REQUEST TO SPEAK / REGISTER - JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Steven	Flink	DATE: 2-22.1	8
<u> </u>			
ADDRESS: 19861	CRILI	PHONE: <u>904 - S</u>	15-8118
CITY: HILLIAR 1	COUNTY: NASS	4 6 STATE: <u><b>F</b>[ -</u> ZIP:	32046
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REQUEST T	O SPEAK / I	REGISTER –	JACKSON	VILLE CIT	CY COUNCIL	Ĺ,
PLEASE PRINT NAME: MN MAN ADDRESS: 8417	RECE	D) AVE		TE: <u>Z - 3</u>	904 504	<u>0398</u>
CITY:		_county: <u>/</u>	VIAL_	STATE: <u></u> f	L ZIP: 32	208_
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REQUEST T	O SPEAK / I	REGISTER -	- JACKSON	VILLE CI	TY COUNCI	L
PLEASE PRINT  NAME: SUGE  ADDRESS: 3705	Harper	/ _ R(		PHONE: _		3
CITY:		COUNTY:		STATE:	<u> </u>	251
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☐ I Oppose

COMMENTS FROM THE PUBLIC: Subject \_\_\_\_\_

→ PUBLIC PARTICIPATION: Bill Number \_\_\_\_

☐ I Support

CHOOSE ONE

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL
PLEASE PRINT
NAME:
ADDRESS: PHONE: PHONE:
CITY: COUNTY: STATE: TIP:
REPRESENTING:
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PUBLIC HEARING: Bill Number
☐ I Support ☐ I Oppose
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© COMMENTS FROM THE PUBLIC: Subject
SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)
REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL
PLEASE PRINT
NAME: Kathy Lee DATE: 2/00/2018
ADDRESS: 8520 Star Leaf Court PHONE: 904-874-1179
CITY: <u>Jacksonialle</u> county: <u>Duval</u> STATE: <u>FL</u> ZIP: <u>32210</u>
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## REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PR	INT						
NAME:	Chris	Storall		<b>D</b> .	ATE: _	2-22-18	_
ADDRESS:	7619	Ortega	Bluff F	lewy	РН	IONE: 404-536-251	7
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PLEASE PR	INT	7/ //		-7		/ /	
NAME:	Keil	The Hor	ALS	D	ATE: _	2/22/18	
ADDRESS:	10506	Well	ugfen	Mas u	<i>//</i> PH	IONE: 904, 786, 787	2
CITY:	19	X	_COUNTY:		STA	ATE: ZIP:5227/	_
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