

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Bert Sparks DATE: 3/29/18

ADDRESS: 134 E. Trague Bay Dr PHONE: 8384037

CITY: St. Augustine COUNTY: St. John STATE: FL ZIP: 32092

REPRESENTING:

SIGNATURE: [Handwritten Signature]

I DO NOT WISH TO SPEAK

CHOOSE ONE

PUBLIC HEARING: Bill Number

I Support I Oppose

PUBLIC PARTICIPATION: Bill Number

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

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PLEASE PRINT

NAME: Valene Gutierrez DATE: 3/29/18

ADDRESS: 7650 Knoll DR N PHONE: 904-483-7628

CITY: Jax COUNTY: _____ STATE: FL ZIP: 32221

REPRESENTING: _____

SIGNATURE: Valene Gutierrez I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number _____

I Support I Oppose

PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

COMMENTS FROM THE PUBLIC: Subject Potential Sale

of JEA.

CHOOSE ONE

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL



PLEASE PRINT

NAME: John Bezarez DATE: 3-29-18

ADDRESS: 1051 Knoll Cove PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: _____

REPRESENTING: myself

SIGNATURE: John Bezarez I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number _____

I Support I Oppose

PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

COMMENTS FROM THE PUBLIC: Subject _____

CHOOSE ONE

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL



PLEASE PRINT

NAME: Jennifer Stokes DATE: 3-29-18

ADDRESS: 12302 Del Rio Dr PHONE: 545-0589

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32258

REPRESENTING: myself

SIGNATURE: Jennifer Stokes I DO NOT WISH TO SPEAK

CHOOSE ONE

Ⓜ PUBLIC HEARING: Bill Number _____

I Support I Oppose

Ⓟ PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

Ⓒ COMMENTS FROM THE PUBLIC: Subject against sale of JEA

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Jason Babel DATE: 29 MAR 18

ADDRESS: ~~1059 SW ARAY CP~~ 1059 SW ARAY CP PHONE: 904-223-8072

CITY: JACKSONVILLE COUNTY: DUAL STATE: FL ZIP: 32218

REPRESENTING: SELF

SIGNATURE:  I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number _____

I Support I Oppose

PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

COMMENTS FROM THE PUBLIC: Subject _____

**CHOOSE
ONE**

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Andy Johnson DATE: _____
ADDRESS: 23841 Breadspec Court PHONE: _____
CITY: Jay 32224 COUNTY: _____ STATE: _____ ZIP: _____
REPRESENTING: self
SIGNATURE: Andy Johnson I DO NOT WISH TO SPEAK

**CHOOSE
ONE**

(H) PUBLIC HEARING: Bill Number _____

I Support I Oppose

(P) PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

(C) COMMENTS FROM THE PUBLIC: Subject _____

Re General Council

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

~~X~~
NOT
PRESENT

PLEASE PRINT

NAME: Gregory Johnson DATE: 3/29/2018

ADDRESS: 9125 NORROAD PHONE: 904 403 4832

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32210

REPRESENTING: JE A

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

**CHOOSE
ONE**

(H) PUBLIC HEARING: Bill Number _____

I Support I Oppose

(P) PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

(C) COMMENTS FROM THE PUBLIC: Subject _____

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

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PLEASE PRINT

NAME: David Thomy DATE: _____

ADDRESS: 3655 Cathedral Oaks Pl PHONE: 904-993-2686

CITY: Jacksonville COUNTY: _____ STATE: _____ ZIP: 32217

REPRESENTING: self

SIGNATURE: David Thomy I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number _____

I Support I Oppose

Need info

CHOOSE ONE

PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

COMMENTS FROM THE PUBLIC: Subject jea

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

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PLEASE PRINT

NAME: KIMBERLY Miller DATE: 3/29/2018

ADDRESS: 1701 Prudential Drive PHONE: 904-403-4634

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: Duval County Public Schools

SIGNATURE:  I DO NOT WISH TO SPEAK

CHOOSE ONE

PUBLIC HEARING: Bill Number _____

I Support I Oppose

PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

COMMENTS FROM THE PUBLIC: Subject Tea Sale Letter to President

Brosche from Duval County Public Schools.

All Council Members have a copy of their offices.

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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