

# REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: WAYNE DUNN DATE: 4/5/18  
ADDRESS: 3730 HARBOR ACRES LN PHONE: 904-635-5108  
CITY: JACKSONVILLE COUNTY: DUNAL STATE: FL ZIP: 32257  
REPRESENTING: E. W. DUNN  
SIGNATURE: [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 TEA SALE

CHOOSE  
ONE

**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: Bert Sparks DATE: 4-5-18ADDRESS: on File PHONE: 904 8384037

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_

SIGNATURE: [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 Sale of JEA**CHOOSE  
ONE**

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# REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL



**PLEASE PRINT**

NAME: Raymond Olani-Diaz DATE: 4-5-18

ADDRESS: 12 on file PHONE: 904-477-9705

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REPRESENTING: IBEW 2358

SIGNATURE: [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 Sale of IEA

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# REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

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**PLEASE PRINT**NAME: Valerie A. Gutierrez DATE: 4/5/18

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REPRESENTING: IBEW 2358SIGNATURE: \_\_\_\_\_  I DO NOT WISH TO SPEAK **H** PUBLIC HEARING: Bill Number \_\_\_\_\_ I Support  I Oppose **P** PUBLIC PARTICIPATION: Bill Number \_\_\_\_\_ I Support  I Oppose **C** COMMENTS FROM THE PUBLIC: Subject Sale of JEA**CHOOSE ONE**

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# REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

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**PLEASE PRINT**

NAME: Fred Riens DATE: 3-5-18

ADDRESS: \_\_\_\_\_ PHONE: 759-1262

CITY: Jax COUNTY: FL. STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REPRESENTING: JEH

SIGNATURE: Fred Riens  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 \_\_\_\_\_

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