REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

NAME: WAYNE QUNN  DATE: 4/5/18

ADDRESS: 3730 HARBOUR ACR03 LN  PHONE: 904-635-5108

CITY: JACKSONVILLE  COUNTY: DUVAL  STATE: FL  ZIP: 32257

REPRESENTING: E. W. QUNN

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 JEA SALE

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: Bert Sparks
ADDRESS: on F.1e
CITY: COUNTY: STATE: ZIP:

DATE: 4-5-18
PHONE: 904 8384032

REPRESENTING:

SIGNATURE: Ralph

☐ 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 SEA

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: Raymond Olani-Diaz
DATE: 4.5-18

ADDRESS: 12 On File
PHONE: 904-477-9705

CITY: COUNTY: STATE: ZIP:

REPRESENTING: IBEW 2358

SIGNATURE: RJO

☐ 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 OR JEA

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

NAME: Valerie A. Gutierrez DATE: 4/5/18

ADDRESS: ______________________ PHONE: ______________________

CITY: ______________________ COUNTY: ______________________ STATE: _______ ZIP: _______

REPRESENTING: IBEW 2358

SIGNATURE: ______________________ ☐ 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

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: Fred Riens DATE: 3-5-18

ADDRESS: 

PHONE: 759-1262

CITY: Jax COUNTY: FL. STATE: 

ZIP: 

REPRESENTING: JEA

SIGNATURE: Fred Riens

☐ 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

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.)