

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Raymond Alan Fize DATE: 4-19-18

ADDRESS: 12412 Cashmere cone Ct PHONE: 904-477-9705

CITY: Jay COUNTY: Duval STATE: FL ZIP: 32221

REPRESENTING: _____

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

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.)

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: John Howard DATE: 4/19/18

ADDRESS: 5484 Golf Course Dr PHONE: 904 521 6467

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32211

REPRESENTING: Public

SIGNATURE: John Howard

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 I support councilman Dennis' Bill to appoint board members to JEA Board

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: WAYNE DUNN DATE: 4/19/18

ADDRESS: 3730 HARBOR ACROSS PHONE: 904 635 5108

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

REPRESENTING: EW. DUNN

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 TEA SALE

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: JOHN LINDAMOOD DATE: 4-19-18
 ADDRESS: 8652 APRIL ST PHONE: 904-738-2990
 CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32244
 REPRESENTING: JBA (RETIRED)
 SIGNATURE: John Lindamood 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 JBA (SALE)

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

PLEASE PRINT

NAME: Tim Wing DATE: 4/19/18

ADDRESS: 2850 Percy Rd. PHONE: 904-521-9404

CITY: Jax. COUNTY: Duval STATE: Fl. ZIP: 32218

REPRESENTING: _____

SIGNATURE: Tim Wing

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 JEA

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Timothy Allen DATE: _____

ADDRESS: 10204 Wellhouse Court PHONE: 904 426 9977

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32220

REPRESENTING: My self

SIGNATURE: Timothy Allen 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

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Chap Gray DATE: 19 Apr 18
 ADDRESS: 4705 Water Oak Lane PHONE: 904-962-4373
 CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32210
 REPRESENTING: self
 SIGNATURE: *Chap Gray* 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 JE A

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Ross Byens DATE: 4/19/18

ADDRESS: 4103 Bent Tree PHONE: 318-6793

CITY: Ponte Vedra COUNTY: St. Johns STATE: FL ZIP: 32082

REPRESENTING: Self - SEA Retired member in Finance

SIGNATURE: Ross & Byens

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 SEA

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