



REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

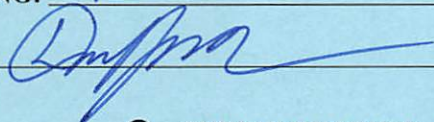
PLEASE PRINT

NAME: JASON BABER DATE: 25 APR 18

ADDRESS: 1059 SUNRAY CT PHONE: 904-223-8072

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

REPRESENTING: PEA

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 DUVAL COUNTY BOARD APPOINTEES

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: Dwight Brisbane DATE: 4/26/18

ADDRESS: 5056 Johnson Creek Drive PHONE: 904-962-8828

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: Self

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 Plant Vagtle

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