

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Carmel Oliver DATE: 03-25-21
ADDRESS: 7527 Oak PHONE: _____
CITY: Jax COUNTY: Duval STATE: FL ZIP: _____
REPRESENTING: _____
SIGNATURE: C. Oliver 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.)