PLEASE PRINT	1480
NAME: LARRY ROBERTS  ADDRESS: 2914 DUPONT BUE &  CITY: SMY  COUNTY: LUVE  COUNTY: LUVE	DATE:
ADDRESS: 2914 DUPONT BUE &	PHONE:
CITY: COUNTY: LOVA	STATE: 5 ZIP: 32217
REPRESENTING: ST	
SIGNATURE:	☐ I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number  I Support	er
SPEAKING TIME IS LIMITED TO THREE (3) IN NO SPEAKER MAY GIVE OR TRANSFER THEIR TO SPEAKER READ THE REVERSE SIDE FOR INSTRUCTIONS ON SERVICE OF THE SPEAK / REGISTER – JACK	TIME TO ANOTHER PERSON. SPEAKING BEFORE THE CITY COUNCIL.)
PLEASE PRINT	1485
NAME: Kellie Jo Howard	
ADDRESS: 7276 San Carlos Rd	
REPRESENTING:	
SIGNATURE: Kelluf Houce	I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number  I Support I Oppose  CHOOSE ONE  PUBLIC PARTICIPATION: Bill Number I Support I Oppose  COMMENTS FROM THE PUBLIC: Subscription of the public of	er
SPEAKING TIME IS LIMITED TO THREE (3) NO SPEAKER MAY GIVE OR TRANSFER THEIR T	MINUTES PER SPEAKER.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PLEASE PRINT					
NAME: Doag	Justo	sor	DATE:	May !	0,2024
ADDRESS: 95/	Salato	yes of	PHO	NE: 904	237-8/25
CITY: Jayo	(	COUNTY: Du va	STAT	E Z	IP: <u>322.87</u>
REPRESENTING: 50	15	1	/		
SIGNATURE:	M M			] I DO NOT	WISH TO SPEAK
A P	DIEDITO HEADIN	NG: Bill Number			
, L	I Support	I Oppose			
CHOOSE P	PUBLIC PARTIC	· CIPATION: Bill Numb	ner		
ONE	☐ I Support	☐ I Oppose			
	COMMENTS FR	OM THE PUBLIC: Su	ıbject		
-					
SPEAKIN NO SPEAKEI (PLEASE READ THE REVI	R MAY GIVE OF	ITED TO <u>THREE (3)</u> TRANSFER THEIR INSTRUCTIONS ON	TIME TO AN	OTHER PERS	SON.
REQUEST TO	SPEAK / REC	GISTER – JACKS	SONVILLE	CITY COI	UNCIL
PLEASE PRINT	$\cap$				1482
NAME: Jonathan	lowers		_ DATE:	<u> /10                                    </u>	
address: <u>4236</u>	ac Kord	Dr	PHON	e: <i>56/-4</i>	15-0287
CITY: Jockson wile	C	OUNTY: <u>Daval</u>	STATE	: <u> </u>	: 52247
REPRESENTING: Cymb	edon Ir	terrational			- m
SIGNATURE:	. Ca			I DO NOT V	VISH TO SPEAK
<i>(</i>	IDI IC HEADIN	G: Bill Number			
	☐ I Support	I Oppose	<del></del>		
CHOOSE P P	UBLIC PARTICI	PATION: Bill Numbe	r		
	☐ I Support	☐ I Oppose			
L © c	OMMENTS FRO	M THE PUBLIC: Sub	ject		
<u></u>					

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES PER SPEAKER</u>. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT	1483
NAME: 1004 & STOLLERS DA	ATE:
ADDRESS: 4500 philips Na)	PHONE:
CITY: COUNTY: Dova	_STATE: A_zip: 52207
REPRESENTING: C.MMMpyleath collisions	
SIGNATURE:	_ I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number	
☐ I Support ☐ I Oppose	
CHOOSE PUBLIC PARTICIPATION: Bill Number	
ONE I Support I Oppose	
COMMENTS FROM THE PUBLIC: Subject	-
SPEAKING TIME IS LIMITED TO <u>THREE (3) MINI</u> NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME	UTES PER SPEAKER.
(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEA	
REQUEST TO SPEAK / REGISTER – JACKSON	NVILLE CITY COUNCIL
PLEASE PRINT	
NAME: JOE Carlucci DA	ATE:
ADDRESS:	PHONE:
CITY:COUNTY:	
REPRESENTING:	
SIGNATURE:	
→ PUBLIC HEARING: Bill Number  □ I Support □ I Oppose	
CHOOSE → PUBLIC PARTICIPATION: Bill Number	
ONE Support Oppose	
© COMMENTS FROM THE PUBLIC: Subject	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES PER SPEAKER.</u>
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT			1484
NAME:	ndy Hunter	DATE: 5/11/21	
ADDRESS: 8404			
CITY: JAX		STATE: 💯 ZIP:	322/7
REPRESENTING:	GAS TAX		
SIGNATURE:	Mybra	I DO NOT WI	ISH TO SPEAK
CHOOSE	<ul> <li>PUBLIC HEARING: Bill Number</li> <li>I Support ☐ I Oppose</li> <li>PUBLIC PARTICIPATION: Bill Num</li> </ul>	nber	
ONE	☐ I Support ☐ I Oppose  COMMENTS FROM THE PUBLIC: S		
NO SPI	PEAKING TIME IS LIMITED TO THREE (SEAKER MAY GIVE OR TRANSFER THEIR E REVERSE SIDE FOR INSTRUCTIONS OF THEIR PROPERTY OF	R TIME TO ANOTHER PERSON  N SPEAKING BEFORE THE CI	ry council.)
PLEASE PRINT NAME:	Thru Buras	DATE:	-21
ADDRESS:	4005 Minambra Dr	<i>W</i> PHONE: 4/,	1-5842
CITY: <u>Jase</u>	COUNTY:	STATE: FL ZIP:	3220)
REPRESENTING:	BPAC		
SIGNATURE:	Ch /s	I DO NOT W	ISH TO SPEAK
ONE	<ul> <li>PUBLIC HEARING: Bill Number</li> <li>I Support ☐ I Oppose</li> <li>P PUBLIC PARTICIPATION: Bill Num ☐ I Support ☐ I Oppose</li> <li>C COMMENTS FROM THE PUBLIC: Second Second</li></ul>	nber	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES PER SPEAKER</u>. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT			
NAME: Scott W	ohlen	DATE:	
ADDRESS:		PHONE:	
CITY:	COUNTY:	STATE:	ZIP:
REPRESENTING: San	marco Merchant	s Association	
SIGNATURE:	USU	ID	OO NOT WISH TO SPEAK
CHOOSE ONE	PUBLIC HEARING: Bill Number  I Support I Opp  PUBLIC PARTICIPATION: Bill I  I Support I Opp  COMMENTS FROM THE PUBLI	oose Number oose	
NO SPEAKE (PLEASE READ THE REV	NG TIME IS LIMITED TO <u>THRE</u> R MAY GIVE OR TRANSFER TH ERSE SIDE FOR INSTRUCTION O SPEAK / REGISTER – J.	HEIR TIME TO ANOTHE S ON SPEAKING BEFOR	RE THE CITY COUNCIL.)
	SPURELMIER	DATE: 5	10/21
ADDRESS: 7088 50	WHELARK DR.	PHONE:	704-705-4848
CITY: JAK			EL, ZIP: 32257
REPRESENTING: BRI	GRWOOD NOTES	FBORKOOD AS	SOCIATION .
SIGNATURE:	- Jeshelmu		O NOT WISH TO SPEAK
CHOOSE ONE	PUBLIC HEARING: Bill Number  I Support I Opp  PUBLIC PARTICIPATION: Bill Number  I Support I Opp  COMMENTS FROM THE PUBLI	oose Number oose	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES PER SPEAKER.</u>
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PLEASE PRINT	1481
NAME:Klaus HolzeDA  ADDRESS: 4650 Glenhusst DR.N  CITY:	TE: Meey 10/21
ADDRESS: 4050 Glenhurst DR.N.	PHONE: 904-382.5636
CITY: JACKSMUILLE COUNTY: DUVE	STATE: FC ZIP: 32224
REPRESENTING: TRUCK INDUSTRY MEMBER	
SIGNATURE:	_ I DO NOT WISH TO SPEAK
H PUBLIC HEARING: Bill Number	
☐ I Support ☐ I Oppose	
CHOOSE PUBLIC PARTICIPATION: Bill Number	
ONE I Support I Oppose	
COMMENTS FROM THE PUBLIC: Subject _	
SPEAKING TIME IS LIMITED TO THREE (3) MINU	TES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME (PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKER MAY GIVE OR TRANSFER THEIR TIME)	
THE REVERSE SIDE FOR INSTRUCTIONS ON SPEA	KING DEFORE THE CITY COUNCIL.)
DECLIEST TO SDEAK / DECISTED LACKSON	NVII I E CITY COUNCII
REQUEST TO SPEAK / REGISTER – JACKSON	WILLE CITY COUNCIL
PLEASE PRINT	5-1-21
NAME: ANNETTE GUARCINO DA	ATE:
NAME: ANNETTE GUAGEINO DA ADDRESS: 10150 BEILERIX BILD CITY: JAX COUNTY: DWAL	PHONE: 704287-8951
CITY:COUNTY:	_STATE: PC_ZIP: 32256
REPRESENTING: Seef	
SIGNATURE: Multe Z. Marure	I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number	
☐ I Support ☐ I Oppose	
CHOOSE PUBLIC PARTICIPATION: Bill Number	
ONE I Support I Oppose	
© COMMENTS FROM THE PUBLIC: Subject	<u> </u>

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