

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

1480

NAME: LARRY ROBERTS DATE: 5/10/21

ADDRESS: 2914 DUPONT AVE S PHONE:

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32217

REPRESENTING: SELF

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

CHOOSE ONE

(H) PUBLIC HEARING: Bill Number

I Support I Oppose

(P) PUBLIC PARTICIPATION: Bill Number

I Support I Oppose

(C) 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.

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

1485

NAME: Kellie Jo Howard DATE: 5/10/2021

ADDRESS: 7276 San Carlos Rd PHONE:

CITY: JAX COUNTY: STATE: ZIP: 32217

REPRESENTING:

SIGNATURE: Kellie Jo Howard I DO NOT WISH TO SPEAK

CHOOSE ONE

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I Support I Oppose

(P) PUBLIC PARTICIPATION: Bill Number

I Support I Oppose

(C) COMMENTS FROM THE PUBLIC: Subject

I support the tax if it majority improves bike + pedestrian access.

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REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Doug Susser DATE: May 10, 2024
ADDRESS: 951 Sara Lynn Dr PHONE: 904-237-8122
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32207
REPRESENTING: self
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

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1482

NAME: Jonathan Powers DATE: 5/10/21
ADDRESS: 4230 Packard Dr PHONE: 561-475-0287
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32247
REPRESENTING: Cumberland International
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

CHOOSE ONE

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1483

NAME: David Stevens DATE: _____
ADDRESS: 4500 Philips Hwy PHONE: _____
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32207
REPRESENTING: Community Health Collaborations
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

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NAME: Joe Carlucci DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
REPRESENTING: _____
SIGNATURE: _____ I DO NOT WISH TO SPEAK

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1484

NAME: Mandy Hunter DATE: 5/11/21
ADDRESS: 8404 Gemini Dr W PHONE: 904 514 4179
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32217
REPRESENTING: GAS TAX
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

CHOOSE ONE

- (H) PUBLIC HEARING: Bill Number GAS TAX
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I Support I Oppose
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NAME: Chris Buras DATE: 5-10-21
ADDRESS: 4005 Alhambra Dr W PHONE: 477-5842
CITY: Jax COUNTY: STATE: FL ZIP: 32207
REPRESENTING: BPAC
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

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PLEASE PRINT

NAME: Scott Wahlen DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

REPRESENTING: San Marco Merchants Association

SIGNATURE: Scott Wahlen I DO NOT WISH TO SPEAK

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I Support I Oppose

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NAME: STEVEN SPICKELMAYER DATE: 5/10/21

ADDRESS: 7088 SOUTHWARK DR. PHONE: 904-705-4848

CITY: JAX COUNTY: DUAL STATE: FL ZIP: 32257

REPRESENTING: BRIERWOOD NEIGHBORHOOD ASSOCIATION

SIGNATURE: Steve Spickelmaier I DO NOT WISH TO SPEAK

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PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

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1481

NAME: Klaus Holze DATE: May 10/21
ADDRESS: 4050 Glenhurst DR. N PHONE: 904-382-5636
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32224
REPRESENTING: TRUCK INDUSTRY MEMBER
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

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NAME: ANNETTE GUARINO DATE: 5-10-21
ADDRESS: 10150 BELLE RIVE Blvd PHONE: 904-282-8951
CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32256
REPRESENTING: self
SIGNATURE: Annette L. Guarino I DO NOT WISH TO SPEAK

CHOOSE ONE

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