

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Melissa Salazar DATE: 1/13/21

ADDRESS: 5737 Bourbon Alley South #G PHONE: 7025022786

CITY: Jax COUNTY: Deval STATE: Fl ZIP: 32277

REPRESENTING: Underground Recovery Jax

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 BSP Street outreach

Best practices.

**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.)