

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL



PLEASE PRINT

NAME: Gloria EINSTEIN DATE: 2/3/22
ADDRESS: 2937 Braemar Dr PHONE: 904 282 9071
CITY: ~~San~~ Jax COUNTY: Duval STATE: FL ZIP: 32257
REPRESENTING: Indivisible Mandarin
SIGNATURE: [Signature] ☐ 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: 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.)

REQUEST TO SPEAK / REGISTER – JACKSONVILLE CITY COUNCIL

2

PLEASE PRINT

Wojcowski

NAME: PAT Wojciechowski DATE: 2/3/22

ADDRESS: 1892 Melrose Plantation PHONE: 904-382-4464

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32223

REPRESENTING: Indivisible Mandarin

SIGNATURE: Pat Wojciechowski ☐ I DO NOT WISH TO SPEAK

☒ PUBLIC HEARING: Bill Number _____

☐ I Support ☐ I Oppose

CHOOSE
ONE

☒ PUBLIC PARTICIPATION: Bill Number _____

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☒ COMMENTS FROM THE PUBLIC: Subject _____

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3

PLEASE PRINT

NAME: TED HORNOI- CENTERWALL DATE: 2-3-12
ADDRESS: 1166 COVERHILL CIR. E. PHONE: 904-252-3095
CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32257
REPRESENTING: INDIVISIBLE MANDARIN
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

☒ PUBLIC HEARING: Bill Number _____

☐ I Support ☐ I Oppose

CHOOSE
ONE

☒ PUBLIC PARTICIPATION: Bill Number _____

☐ I Support ☐ I Oppose

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4

PLEASE PRINT

NAME: Eric Parker DATE: 2/3/2022

ADDRESS: 2720 Garlis Ln PHONE: 904-556-2431

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32226

REPRESENTING: myself

SIGNATURE: [Signature] ☐ 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: Subject _____

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PLEASE PRINT

NAME: Daniel Henry DATE: 02-03-22
ADDRESS: 850 Point Meadows Dr Apt 1411 PHONE: 904-708-0749
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32256
REPRESENTING: self
SIGNATURE: Daniel Henry ☐ I DO NOT WISH TO SPEAK

☒ PUBLIC HEARING: Bill Number _____

☐ I Support ☐ I Oppose

CHOOSE
ONE

☒ PUBLIC PARTICIPATION: Bill Number _____

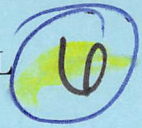
☐ I Support ☐ I Oppose

☒ COMMENTS FROM THE PUBLIC: Subject _____

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PLEASE PRINT

NAME: Alexander Watkins DATE: 02/03/2022

ADDRESS: 4950 Richard St. PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: Black Voters Matter

SIGNATURE: Alexander Watkins ☐ 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: Subject A Commitment to the People

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7

PLEASE PRINT

NAME: Michael Anderson DATE: 2-3-22
ADDRESS: 2433 South Hibiscus #25 PHONE: 904 494 1232
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32256
REPRESENTING: _____
SIGNATURE: [Signature] ☐ 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: Subject Disinfecting

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8

PLEASE PRINT

NAME: Judy Sheklin DATE: 2-3-22
ADDRESS: 1985 Brista DeMar Cir PHONE: 904910-0714
CITY: Alt. Bk. COUNTY: Duval STATE: FL ZIP: 32233
REPRESENTING: Self / NOW / BAM,
SIGNATURE: Judy Sheklin ☐ 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: Subject _____

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9

PLEASE PRINT

NAME: Elizabeth Sims DATE: 2/3/22

ADDRESS: 2232 Oceanforest Drive West PHONE: 904-246-2491

CITY: Atlantic Beach COUNTY: Duval STATE: FL ZIP: 32233

REPRESENTING: self

SIGNATURE: Elizabeth Sims ☐ 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: Subject Redistricting

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10

PLEASE PRINT

NAME: LaShonda J. Holloway DATE: 02.03.2022
ADDRESS: 11453 Jerry Adam Dr PHONE: 202-486-5542
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218
REPRESENTING: DWIN / NOW ADST
SIGNATURE: [Signature] ☐ 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: Subject Redistricting

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PLEASE PRINT

NAME: Joy E. Burgess DATE: 2/3/2022
ADDRESS: 4323 Edgewater Crossing Dr PHONE: (904) 618-0561
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32257
REPRESENTING: Self
SIGNATURE: Joy E. Burgess ☐ I DO NOT WISH TO SPEAK

☒ PUBLIC HEARING: Bill Number _____

☐ I Support ☐ I Oppose

CHOOSE
ONE

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☐ I Support ☐ I Oppose

☐ COMMENTS FROM THE PUBLIC: Subject _____

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12

PLEASE PRINT

NAME: Tim Vergenz DATE: 2/3/2022

ADDRESS: 4580 Bannons Walk Ct PHONE: 408-646-3618

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32258

REPRESENTING: Self

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

☒ PUBLIC HEARING: Bill Number _____

☐ I Support

☐ I Oppose

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