

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT


*Name & Address are required

NAME: Barney Smith DATE: 10/14/22

ADDRESS: 1460 Edgewood Circle PHONE: 904 673 6355

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: Jacksonville Housing Finance Authority

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

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.)

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NAME: Christina Kittle DATE: 10/14/2022

ADDRESS: 2523 Forbes Street apt 4 PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: 32204

REPRESENTING: Florida Rising

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Sharmin Smith DATE: 10/14/22

ADDRESS: 828 14th Ave S PHONE: 9045042688

CITY: Jax Bch COUNTY: DUVAL STATE: FL ZIP: 32250

REPRESENTING: Jax Rental Housing Project / self

SIGNATURE: Sharmin Smith ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Jessie Spradley DATE: _____

ADDRESS: 6747 Southpoint Parkway PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32216

REPRESENTING: NEFBA

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Support of Killingsworth Comments
regarding ADU's, Types of Housing, Multi Family in Commercial, Building in all Types, Parking

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*Name & Address are required

NAME: Lindsey McClain DATE: 10/14/22

ADDRESS: 1336 2nd Ave N. PHONE: _____

CITY: Jax Bch COUNTY: Duval STATE: FL ZIP: 32250

REPRESENTING: First Coast Apartment Association

SIGNATURE: Lindsey McClain ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Maria Garcia DATE: 10/14/22

ADDRESS: 250 Ravine Street PHONE: 904-894-8896

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: Duval Theory of Change Table

SIGNATURE: Maria Garcia ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Catherine Freeman DATE: 10/14/22

ADDRESS: 1183 Violet Street PHONE: '

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

REPRESENTING: _____

SIGNATURE: Catherine Freeman ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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