

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

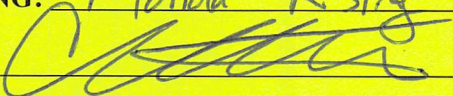
*Name & Address are required

NAME: Christina Kittle DATE: 11/7/2022

ADDRESS: 2523 Forbes Street Apt 4 PHONE: (201) 668-4664

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32204

REPRESENTING: Florida Rising

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 & Address are required

NAME: Maria Garcia DATE: 11/7/22

ADDRESS: 250 Ravine Street PHONE: 904-894-8796

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: Angela McKee DATE: 11/7/22

ADDRESS: 8833 Perimeter Park Blvd 301 PHONE: 904 703-4758

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

REPRESENTING: NABPM

SIGNATURE: Angela McKee ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Affordable / work force housing

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*Name & Address are required

NAME: Carpnell Oliver DATE: 11-7-22

ADDRESS: 611 E Adams PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: _____

SIGNATURE: C. Oliver ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Brian Alterman DATE: 11-7-22

ADDRESS: 3872 Marianna Rd. PHONE: 904-254-2766

CITY: Sax. COUNTY: Duval STATE: FL ZIP: 32217

REPRESENTING: NARPM

SIGNATURE: Brian ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Rent Control

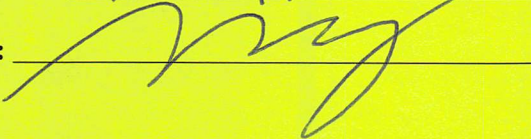
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*Name & Address are required

NAME: Michael Hodges DATE: 11-7-2022
ADDRESS: 10365 Hood Rd Unit 205 PHONE: 904-497-4200
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32257
REPRESENTING: NARPM
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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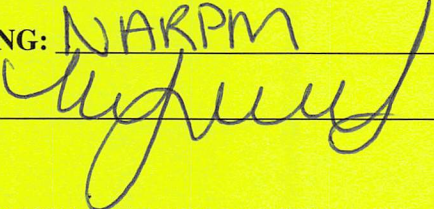
*Name & Address are required

NAME: Tiea Vincent DATE: 11/7/2022

ADDRESS: 25 N. Market Rd #105 PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32228

REPRESENTING: NARPM

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Affordable Housing

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*Name & Address are required

NAME: Catherine Freeman DATE: 7 Nov 2022

ADDRESS: 1183 Violet Street PHONE: _____

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

REPRESENTING: HabiJax

SIGNATURE: Catheri Freeman ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Beth Mixson DATE: 11/7/2022
ADDRESS: 2824 Corinthian Ave PHONE: 904 537 3648
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32210
REPRESENTING: Family Promise
SIGNATURE: Beth Mixson ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Need for immediate relief
acceptance of vouchers, predatory practices
w/ application fees & waiting list fees

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*Name & Address are required

NAME: Perre Uwimana DATE: 11/07/22

ADDRESS: 454 Willow Lake Dr PHONE: _____

CITY: St Augustine COUNTY: FL STATE: FL ZIP: 32092

REPRESENTING: Tenant Bill of Right

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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