

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER



**PLEASE PRINT**

\*Name & Address are required

NAME: Cornell Oliver DATE: 11-7-2022

ADDRESS: 111 E Adams St PHONE: \_\_\_\_\_

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32208

REPRESENTING: \_\_\_\_\_

SIGNATURE: C. O. Oliver  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.)**



PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

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\*Name & Address are required

NAME: A. W. BARLOW DATE: 11-7-22

ADDRESS: 625 W. UNION ST. PHONE: 904

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32202

REPRESENTING: THE HOMELESS

SIGNATURE: A. W. Barlow  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: \_\_\_\_\_

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