

## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME:

Carmel Shing

DATE:

09-14-23

ADDRESS:

111 E Adams St

PHONE:

CITY:

Jay

COUNTY:

Duval

STATE:

FL

ZIP:

32209

REPRESENTING:

SIGNATURE:

*C. Shing*

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

**PLEASE PRINT**

\*Name & Address are required

NAME: Madelyn Rubin DATE: 9/14/23

ADDRESS: 5318 Heronview Dr. PHONE: 904-514-6750

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32257

REPRESENTING: SELF

SIGNATURE: Madelyn Rubin  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Prisons / Mental Health /  
Addictions

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## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Bruce A Fournier DATE: 9/14/2023  
ADDRESS: 4441 Genna Trace Ct. PHONE: 904-521-8026  
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32252-6109  
REPRESENTING: Self & Jacksonville Riverfront Revitalization LLC  
SIGNATURE:   I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 424 Pearl Street 32202

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