

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

***Name & Address are required**

NAME: Bruce A Fournier DATE: 9/22/2023

ADDRESS: 4444 Fern Trace Ct PHONE: 104-521-8028

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32257-8080

REPRESENTING: Self

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

not certain

COMMENTS FROM THE PUBLIC SUBJECT: Depends on subjects covered

**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.)