

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carne Oliver DATE: 10-13-23

ADDRESS: Left PHONE: _____

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

REPRESENTING: _____

SIGNATURE: C. 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.)

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*Name & Address are required

NAME: Marie McGrath Wood - retired educator DATE: 10/13/23

ADDRESS: 1118 Mantieello Rd PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: tax payes unjusticially & in favor of rehabilitation and reduced recidivism

SIGNATURE: Marie McGrath Wood I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

Just visit for committee
Who is the grant writer?

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