

REQUEST TO SPEAK / REGISTER - JACKSONVILLE CITY COUNCIL

PLEASE PRINT

NAME: Caryell Oliver DATE: 10-23-23

ADDRESS: 611 E Adams St PHONE: _____

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

REPRESENTING: _____

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number _____

I Support I Oppose

PUBLIC PARTICIPATION: Bill Number _____

I Support I Oppose

COMMENTS FROM THE PUBLIC: Subject _____

CHOOSE ONE

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.)