

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carnell Oliver DATE: 11-17-23

ADDRESS: 611 E Adam St PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL 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.)