

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Bruce A Fouraker DATE: 12/1/2023

ADDRESS: 4441 Gonna Trace Ct. PHONE: 904-521-8026

CITY: Jacksonville ZIP: 32257 COUNCIL DISTRICT: 5

EMAIL ADDRESS: bfouraker@watsuncommercial.com

REPRESENTING: self

PUBLIC COMMENT SUBJECT: Possible jail alternative locations

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Carnell Oliver DATE: 12-1-2023

ADDRESS: 611 E Adam PHONE: _____

CITY: Jax ZIP: 32202 COUNCIL DISTRICT: 7

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: _____
