

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME:

Cannell Oliver

DATE:

01-12-24

ADDRESS:

111 E Adams St

PHONE:

CITY:

Jay

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.)**