

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: JOE ROSS, SR DATE: 02/16/2024

ADDRESS: 7361 J.F.K. DR. E. PHONE: —

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32219

REPRESENTING: NCOJ

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: "City of Love" Being too busy to have prosperity for all.

**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.)