

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: T. B. Richardson DATE: 2-22-24

ADDRESS: 1225 W. Beaver Street PHONE: 904-800-9743

CITY: _____ COUNTY: Duval STATE: _____ ZIP: _____

REPRESENTING: Richwood International

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: off-BFP strategies, P-card purchasing, capabilities Briefings.

**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.)

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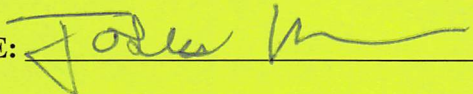
*Name & Address are required

NAME: Joseph Newkirk DATE: 2-22

ADDRESS: 12574 Flagler Center Blvd PHONE: _____

CITY: Jax COUNTY: _____ STATE: FL ZIP: 32258

REPRESENTING: _____

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: JSEB Program

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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NAME: Mincey Pollock DATE: 2/22/24

ADDRESS: 1225 W Bower Street PHONE: 888 552 5227

CITY: IN COUNTY: DUNAL STATE: FL ZIP: 37004

REPRESENTING: Pollock Group

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: BBB

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*Name & Address are required

NAME: Shereline Redden DATE: 2/22/24

ADDRESS: 9414 E Carbondale Dr E PHONE: 904-525-2309

CITY: bx COUNTY: Duval STATE: FL ZIP: 32208

REPRESENTING: The Preservation Firm LLC

SIGNATURE: S Redden I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Education

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