

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Shereline Redden DATE: 3/18/24
ADDRESS: 9414 E Carbondale DR PHONE: 904-525-2309
CITY: Jax COUNTY: Duval STATE: FL ZIP: _____
REPRESENTING: Being A Resource - The Preservation Firm
SIGNATURE: Shereline Redden I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Partnership

**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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Bernadia Samuels DATE: 3-18-24
ADDRESS: 1854 W 24th Street PHONE: 904 405-0241
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32209
REPRESENTING: The TRAP Outreach & Business Center Inc
SIGNATURE: Bernadia Samuels I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: partnership

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

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