

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Dawn Lockhart DATE: 4-21-24
ADDRESS: 1508 Under Court PHONE: 904-536-8079
CITY: _____ COUNTY: _____ STATE: FL ZIP: 32259
REPRESENTING: Nonprofit Center of N.E. Fla.
SIGNATURE: Dawn Lockhart 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.)

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NAME: Barney Smith DATE: 4/27/24

ADDRESS: 1460 Edgewood Circle PHONE: 904 673 6355

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: JHFA

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Tom Daly DATE: 4/22/2024

ADDRESS: 3740 ~~Broad~~ Beach Blvd PHONE: (904) 359-9650

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: ABILITY HOUSING

SIGNATURE: Thomas J. Daly, Jr I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Need for funding to support services
for JHA reservation of vouchers for homeless households.


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NAME: Shereline Redden DATE: 4/22/24
ADDRESS: on file PHONE: 904-525-2309
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
REPRESENTING: TP Firm
SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: TRACY Grant DATE: 4/22/21

ADDRESS: 12178 Elizabeth St. PHONE: 904 603 2790

CITY: Jax COUNTY: Duval STATE: _____ ZIP: 32206

REPRESENTING: TP Firm

SIGNATURE: Tracy Grant I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Betty Harvey DATE: 4/22/24

ADDRESS: 5450 West 26th Street PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32204

REPRESENTING: New Beginning New Horizon

SIGNATURE: Betty Harvey I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Will Evans DATE: 4/22/24

ADDRESS: Florida Blue Building 11th FL PHONE: 904-655-0085

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: _____

REPRESENTING: Changing Homelessness Inc.

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Support the Housing Fund

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*Name & Address are required

NAME: KEVIN CORREY DATE: 04/22/20

ADDRESS: P.O. Box 2121 PHONE: 904.924.5782

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32203

REPRESENTING: _____

SIGNATURE:  _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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NAME: VANESSA DUNN DATE: 04/22/2024

ADDRESS: 1300 BROAD ST N PHONE: _____

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32218

REPRESENTING: JACKSONVILLE HOUSING AUTHORITY

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: HOMELESS PREFERENCE

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*Name & Address are required

NAME: Ryan Hoover DATE: 4/22/24

ADDRESS: 1649 Atlantic Blvd. PHONE: _____

CITY: Jacksonville COUNTY: _____ STATE: FL ZIP: 32207

REPRESENTING: Vestcor

SIGNATURE:  _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: ~~Comment~~ We are in support
of the proposed Housing Fund with the Community Foundation
and Depot Funds

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