

# PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

**PLEASE PRINT**

\*Name & Address are required

NAME: Carpell Oliver DATE: 05-8-21

ADDRESS: 611 E Adam St PHONE: \_\_\_\_\_

CITY: Jax COUNTY: Duval STATE: FL ZIP: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_

SIGNATURE: C. Oliver  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: \_\_\_\_\_

\_\_\_\_\_

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**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.)**