

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Rose Pierre DATE: July 22 2024

ADDRESS: 1318 Van Buren St PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: Eastcoast Striping and Painting Inc.

SIGNATURE: Rose Pierre 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 & Address are required

NAME: Eunice Barnum DATE: 7/22/24

ADDRESS: 9121 Spottswood Rd PHONE: _____

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

REPRESENTING: _____

SIGNATURE: Eunice Barnum I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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NAME: WaJeebah Shareef DATE: 7/22/24
ADDRESS: 2059 Evergreen Ave. PHONE: 904-577-9383
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: Inspiring Lives Forever
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Tanya Watts DATE: 7.22.24

ADDRESS: 1502 N. Pearl St PHONE: 904-993-7025

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: Myself

SIGNATURE: Tanya Watts I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

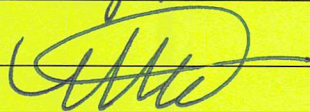
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*Name & Address are required

NAME: Michelle Braun DATE: 7/22/24
ADDRESS: 40 East Adam. PHONE: 904-806-3964
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32202
REPRESENTING: Together Kartside Coalitions / Lyft JAX
SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Tellisa Robinson DATE: July 20th 2024
ADDRESS: 1318 Van Buren St PHONE: 904-568-4035
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: Eastcoast Striping and Painting Inc
SIGNATURE: T-R I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Shereline Redden DATE: 7/22/24
ADDRESS: 1418 Van Buren St PHONE: 904-525-2309
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: Jax Youth Works
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Did not speak

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*Name & Address are required

NAME: Cindy Funkhouser DATE: 7-22-24
ADDRESS: 611 E. Adam St PHONE: 904-423-0933
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32250
REPRESENTING: Swizbacher
SIGNATURE: Cindy Funkhouser I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CBA - Homeless/Affordable Housing Funding

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