

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Ariane L. Randolph DATE: 13 August 2024

ADDRESS: 620 Odessa St. PHONE: 786.393.0091

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

REPRESENTING: Self, Family, Historic Eastside

SIGNATURE: Ariane L. Randolph I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: UIRA ~ Urban Infill and
Redevelopment Area A

**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: LAIRY SWANK DATE: 8/13/24

ADDRESS: 1502 JESSE ST PHONE: 904-263-1777

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32206

REPRESENTING: JACKSON ELECTRIC SUPPLY

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CRA / OUT EAST

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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*Name & Address are required

NAME: Cindy Funkhouser DATE: 8/13/24

ADDRESS: 611 E Adams St PHONE: _____

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: Sulzbacher

SIGNATURE: C Funkhouser I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CBA - Homelessness

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*Name & Address are required

NAME: Joi Jones - mc near DATE: 8-13-24
ADDRESS: _____ PHONE: 912 237 1749
CITY: _____ COUNTY: Duval STATE: _____ ZIP: _____
REPRESENTING: _____
SIGNATURE: Joi Jones - mc near I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: # Funds for Eastside

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*Name & Address are required

NAME: Patricia Lattimore DATE: _____

ADDRESS: 1811 Phoenix Ave PHONE: 904-742-8882

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

REPRESENTING: ~~DA~~ Dastige for a Change, Inc

SIGNATURE: Patricia Lattimore I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CBA / 8th & Phoenix Retail Hub

→ Housing Development

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*Name & Address are required

NAME: Daniel Norn DATE: 8/13/24

ADDRESS: 301 E. Bay St PHONE: 904-431-5952

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32201

REPRESENTING: Together Eastside Coalition

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Mike Weinstein DATE: _____

ADDRESS: City Hall PHONE: _____

CITY: SA COUNTY: _____ STATE: _____ ZIP: _____

REPRESENTING: _____

SIGNATURE: _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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