

ELECTION ADVISORY PANEL

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Nancy Staats, MD DATE: 9/18/24

ADDRESS: 1911 Beach Ave PHONE: 732 687 6199

CITY: AB COUNTY: Duval STATE: FL ZIP: 32283

REPRESENTING: myself

SIGNATURE: Nancy Staats MD I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: changes in poll worker
manual

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.)

ELECTION ADVISORY PANEL

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Joy E. Burgos DATE: Sept. 18, 2024
ADDRESS: 4323 Edgewater Crossing Dr. PHONE: 904-616-0520
CITY: Jacksonville COUNTY: Duval STATE: FL. ZIP: 32257
REPRESENTING: Self
SIGNATURE: Joy E. Burgos I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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