

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Austin Nicklas DATE: 3/24/25

ADDRESS: 6747 Southpoint Pkwy. PHONE: _____

CITY: Jax ZIP: 32216 COUNCIL DISTRICT: _____

EMAIL ADDRESS: anicklas@nefba.com

REPRESENTING: NEFBA

PUBLIC COMMENT SUBJECT: 2024-851

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME:

Joe McClure

DATE:

3/24/2025

ADDRESS:

11071 Losos Pines Ct.

PHONE:

904-864-7558

CITY:

Jax

ZIP:

32257

COUNCIL DISTRICT:

EMAIL ADDRESS:

Joe@Build a Better Jax.com

REPRESENTING:

self.

PUBLIC COMMENT SUBJECT:

851

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: James Matchett DATE: 3/24/2025
ADDRESS: 12531 Angel Lakes PHONE: 904-201-4740
CITY: JAX FL. ZIP: 32218 COUNCIL DISTRICT: _____
EMAIL ADDRESS: Smokemaster282@yahoo.com
REPRESENTING: _____
PUBLIC COMMENT SUBJECT: I Support 2024-0851

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Charles Bare DATE: 3-24-25

ADDRESS: 13942 Summer Breeze Dr PHONE: 904 626 9124

CITY: Jax ZIP: FL COUNCIL DISTRICT: 2

EMAIL ADDRESS: 188ab@hotmail.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: 0851

