

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Lydia Bell DATE: 4-7-25
ADDRESS: 530 Linwood Ave PHONE: _____
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32204
REPRESENTING: Metro Gardens Neighborhood Association
SIGNATURE: Lydia Bell ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: No Notification of JSEB
coming into Prestwood

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: GABE HAMDA DATE: 4-7-825
ADDRESS: 2816 Sans Pareil St PHONE: 904-382-5471
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
REPRESENTING: _____
SIGNATURE: Gabe Hamda ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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NAME: Robert Flornoy DATE: 4-7-25
ADDRESS: 44 West 16th ST PHONE: _____
CITY: JAX Florida COUNTY: _____ STATE: _____ ZIP: 32206

REPRESENTING: _____

SIGNATURE: X Robert Flornoy ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Jobs .

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NAME: KATRINA B SPENCER DATE: 4-7-25
ADDRESS: 4620 W CASTLEWOOD DR PHONE: 768-2952
CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32206
REPRESENTING: METRO GARDNER BRENTWOOD 300
SIGNATURE: KB Spencer ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

MORQUE -

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*Name & Address are required

NAME: Mike Ludwick DATE: _____
ADDRESS: 13490 Gran Bay Pkwy Apt 212 PHONE: 904-674-6902
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32258
REPRESENTING: NCOT
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Wells Todd DATE: 4/7/25
ADDRESS: 9225 Watergem Dr PHONE: _____
CITY: Jacksonville COUNTY: Sumner STATE: FL ZIP: 32256
REPRESENTING: John 'B' Stewart
SIGNATURE: Wells Todd ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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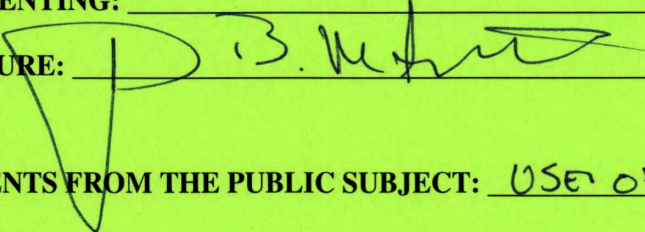
*Name & Address are required

NAME: James Matchett DATE: 4/7/2025

ADDRESS: 12531 Angel Lake PHONE: 904-701-4740

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: USE OF Center

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