

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Jackie Lattimore DATE: 5/12/2025

ADDRESS: 1811 Phoenix Ave PHONE: 9047428382

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

REPRESENTING: _____

SIGNATURE: Jackie Lattimore ☐ 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: Latavia L Harris DATE: 5-12-2025
ADDRESS: 10896 Lydia Estates PHONE: 9049933188
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218
REPRESENTING: East community Committee 4th gen legacy
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: The current economic needs
and the check and balances for distribution of
goods. Funds.

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NAME: Eric Paul McNeil DATE: _____

ADDRESS: 945 N. Liberty Street PHONE: _____

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

REPRESENTING: Senior Citizen Resident

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Establish best Senior Citizen Technology Center in America and State of Florida.

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