REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: PAT Mulvihill DATE: 4 Aug 2025

ADDRESS: 14600 Whirlwind Cove PHONE: 9045340035

CITY: JAX ZIP: 32218 COUNCIL DISTRICT: North JAX

EMAIL ADDRESS: PEM@AxisP.com

REPRESENTING: ROTARY

PUBLIC COMMENT SUBJECT: Wall

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Daniel Bean DATE: 8.4.25

ADDRESS: 50 N. Laura St Ste 2600 PHONE: 9048874277

CITY: JAX ZIP: 32202 COUNCIL DISTRICT: _____

EMAIL ADDRESS: dbean@sgrlaw.com

REPRESENTING: Self

PUBLIC COMMENT SUBJECT: Riverfront Plan / Memorial Wall

REQUEST TO SPEAK / REGISTER

✓

PLEASE PRINT *Name & Address are required.

NAME: Rich Bossert **DATE:** 4 August 2025

ADDRESS: 9287 Dale View Ln E. **PHONE:** 904-704-0225

CITY: Jacksonville **ZIP:** FL **COUNCIL DISTRICT:** ~~GAY~~ (5?)

EMAIL ADDRESS: rbossert@gmail.com

REPRESENTING: Veterans Community of Jacksonville / Duval County

PUBLIC COMMENT SUBJECT: Remarks considering plans for Memorial Wall.

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: ROBERT HERNANDEZ DATE: 04 AUG 2025

ADDRESS: 3294 LAKE EFFIE CT N PHONE: 904 524 2714

CITY: JACKSONVILLE ZIP: 32277 COUNCIL DISTRICT: 5

EMAIL ADDRESS: RHERNANDEZ3294@OUTLOOK.COM

REPRESENTING: VETERAN COUNCIL OF DUVAL COUNTY

PUBLIC COMMENT SUBJECT: WALL MEMORIAL.

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: William Haskell DATE: Aug 4, 2025

ADDRESS: 6740 Epping Forest Way N. #116 PHONE: 904-610-3737

CITY: Jacksonville ZIP: 32217 COUNCIL DISTRICT: 5

EMAIL ADDRESS: William@wb haskell.com

REPRESENTING: Self

PUBLIC COMMENT SUBJECT: Veterans Memorial Wall