

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: LARRY SWINK DATE: 8/27/25

ADDRESS: 1502 JESSIE STREET PHONE: 904-263-7777

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

REPRESENTING: JACKSON ELECTRIC SUPPLY

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CIA / OUTCAST

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: Dennis Sanchez DATE: 8-22-25

ADDRESS: 4325 Saddlehorn Rd PHONE: 206-746-1848

CITY: Middleburg COUNTY: Clay STATE: FL ZIP: 32068

REPRESENTING: Eastside

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Eastside decision

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*Name & Address are required

NAME: Lataria Harris DATE: 8/27/2025
ADDRESS: 25 East Beaver st unit #272 PHONE: 904 998-3188
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202
REPRESENTING: Legacy and Displaced Residents of Legacy
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Eastside decision

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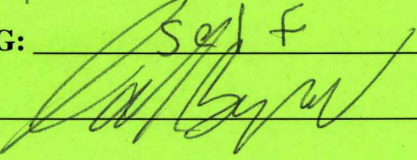
*Name & Address are required

NAME: PAT BRYANT DATE: 8-27-25

ADDRESS: ~~4599~~ on fire 4599 Lake Dr. 32210 PHONE: _____

CITY: JAX COUNTY: _____ STATE: _____ ZIP: _____

REPRESENTING: Self

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Cost of development
of Eastwick

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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME:

Jackie Lattimore

DATE:

08-27-2025

ADDRESS:

1811 Phoenix Ave

PHONE:

914.742-8382

CITY:

JAX

COUNTY:

DIVA 1

STATE:

ZIP:

REPRESENTING:

SIGNATURE:

Jackie Lattimore

☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT:

I hope there should be
Training for all individuals or org. that wants
to have training on how to apply-

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*Name & Address are required

NAME: Nigelle Kohn DATE: 8/26/25
ADDRESS: n. 5264 Dostie Dr. S.
w 820 A Philip Randolph Blvd PHONE: (404) 946-8542
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32209/06
REPRESENTING: Florida Avenue Main Street
SIGNATURE: Nigelle Kohn ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Bishop Harry Williams DATE: _____

ADDRESS: 925 speaking street PHONE: _____

CITY: JAL COUNTY: _____ STATE: FL ZIP: 32206

REPRESENTING: _____

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Captain's funds

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*Name & Address are required

NAME: Ariane L. Randolph DATE: 27 August 2025

ADDRESS: 620 Odessa St. PHONE: _____

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

REPRESENTING: Historic Eastside Resident

SIGNATURE: Ariane L. Randolph ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Community Centered Support for a Community Driven CBA, Overall Support and Further Research into the URIA; Advocate for a public comment session.

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*Name & Address are required

NAME: Travis Williams DATE: 8/27/25

ADDRESS: On file - 10640 Grayson Ct PHONE: _____

CITY: JAX COUNTY: Duval STATE: FL ZIP: _____

REPRESENTING: _____

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Eastside CBA

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*Name & Address are required

NAME: Daniel Nunn DATE: 8/26/05
ADDRESS: 301 E. Bay St PHONE: 904 434-5952
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32202
REPRESENTING: Together For the Future
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CBA

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