REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Michele Stemrich DATE: _____

ADDRESS: 85276 Crady Lake Dr. PHONE: 904-614-6880

CITY: Yulee ZIP: 32097 COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: George Crady Bridge

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Mary Green DATE: 9-9-25

ADDRESS: 8232 Merivale Rd PHONE: 904 764-3502

CITY: Jax ZIP: 32208 COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: George Crady Bridge

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Carl Cooper DATE: Sept 9, 2025

ADDRESS: 8178 Loch Sanford Ct PHONE: 904-910-1656

CITY: JAX ZIP: 32244 COUNCIL DISTRICT: _____

EMAIL ADDRESS: cooperonline198@gmail.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: _____

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Tommie L Rodall DATE: 9/9/25

ADDRESS: 11202 Chestnut Oak Dr E. PHONE: 904-802-8323

CITY: Jax Fla. ZIP: 32218 COUNCIL DISTRICT:

EMAIL ADDRESS: tommierodall123@yahoo.com

REPRESENTING: Fishing Pier

PUBLIC COMMENT SUBJECT: Fishing Pier w/ Table

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Leatrice S. Bell DATE: 9/9/25

ADDRESS: 340 MORGAN AVE PHONE: 904-554-1629

CITY: JAX ZIP: 32254 COUNCIL DISTRICT: _____

EMAIL ADDRESS: leatricebell45@gmail.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: George Crady Bridge