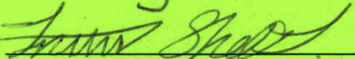


PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Trinity Shelton - Jones DATE: 11 / 13 / 25
ADDRESS: ~~Address on file~~ 906 W Monroe PHONE: 904-835-1769
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32204
REPRESENTING: Mayors Youth Leadership Advisory Council
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Appreciation and MYLAC
program

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.)