

Public Hearing Oath

I swear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present at the public hearing held today is truthful.



SIGNATURE

Brianne Lorenz

NAME

06/11/2024 at 9:41am

DATE

Brianne Lorenz
(941) 303-2933
blorenz@venivefl.gov



Check-in: 06/11/2024 at 9:41am

Button Used: City Council

Check-In Location Name: Council Chambers

Check-out: 06/11/2024 at 9:42am

QR Code: [View](#)

Public Hearing Oath:  

What is your address? 401 W Ave venice fl 34285

Are you a City Resident/ Property Owner, Business Owner, or Non-Resident? N/A City Staff Member

Are you speaking for Public Comment or presenting as an Applicant or Agent? City Staff

What topic are you speaking on? Topic Not on Agenda/ General Audience

If wanting to speak on multiple items, please list additional topics below or enter N/A. 24-0213

Do you want to speak during the Agenda item or during General Audience participation? (If a public hearing you must speak during the item) During the Agenda Item Discussion