

Signature: _

City of Venice

	City of venice
	Request to Speak (print legibly)
	Name: JULIE STALNAKER Date: 4/22/2014
	Address: 896 SEA FOX Rd.
	City: Venic State FL Zip 34293
"City on the Gulf"	Telephone: 941-412-1400
	Organization (if any): Rotary (Venice-Nokomis)
Please Check One	
Audience Participation Agenda - Topic:	
	vidence and/or testimony during a public hearing, you are required to complete and sign the equired to sign the oath if you are speaking at Audience Participation or at a workshop.
	ty of perjury, that the evidence or factual representation, which I am about to give or presentation day of 20 is truthful.
Signature:	

Comments at public hearing and during audience participation are limited to five minutes per speaker unless otherwise noted.

□ Agenda - Topic: ____

Please Check One

City of Venice

Request to Speak (print legibly) Date: Address: Telephone: Organization (if any): Audience Participation

If you are going to present evidence and/or testimony during a public hearing, you are required to complete and sign the following oath. You are not required to sign the oath if you are speaking at Audience Participation or at a workshop.

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 this ____ day of _____ 20___ is truthful.

Signature: ___

Comments at public hearing and during audience participation are limited to five minutes per speaker unless otherwise noted.