

City of Venice

	Request to speak (print legibly)
	Name: MIKE SCUPINE Date: 08/214
	Name: MIKE SCHANE Date: 08/2/4 (Address: PO BOX 63 (2821 Nonwood LANE 34292)
	City: VENICE State FEA Zip 34284
"City on the Gulf"	Telephone: 941 484 6955
	Organization (if any): RETINGS VENICO P. D.
Please Check One	
☐ Audience Participation	
Agenda - Topic: VENICO POLICE PENION	
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 12 day of 20/9 is truthful.	
Signature: Infle	

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