From:	noreply@formstack.com
То:	Christophe St. Luce; Lori Stelzer; Mercedes Barcia; Danielle Lewis
Subject:	Virtual Request to Speak for meeting/workshop on Feb 09, 2021
Date:	Tuesday, February 9, 2021 7:55:35 AM

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Formstack Submission For: Request to Speak Submitted at 02/09/21 7:55 AM

Your name:	Roger Clark
Address:	401 W. Venice Ave. Venice, FL 34285
Email:	rclark@venicegov.com
City Resident:	No
Phone:	(941) 486-2626
City Property Owner:	No
Meeting Date:	Feb 09, 2021
City Business Owner:	No
Organization (If any):	City of Venice
Public Participation:	During Agenda Item

Agenda Item:	CC 20-51CU, Ord. 2021-01, Ord. 2021-07 and CC 18-02CU
Signature:	Direct Link to Image
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From:	noreply@formstack.com
To:	Christophe St. Luce; Lori Stelzer; Mercedes Barcia; Danielle Lewis
Subject:	Virtual Request to Speak for meeting/workshop on Feb 10, 2021
Date:	Wednesday, February 10, 2021 8:16:54 AM

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Formstack Submission For: Request to Speak Submitted at 02/10/21 8:16 AM

Your name:	Scott Steady
Address:	One Tampa City Center, Suite 3200 Tampa, FL 33602
Email:	ssteady@burr.com
City Resident:	No
Phone:	(813) 367-5719
City Property Owner:	No
Meeting Date:	Feb 10, 2021
City Business Owner:	No
Organization (If any):	NA
Public Participation:	During Agenda Item
Agenda Item:	2021-07
Signature:	2

Direct Link to Image

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Request to Speak Form

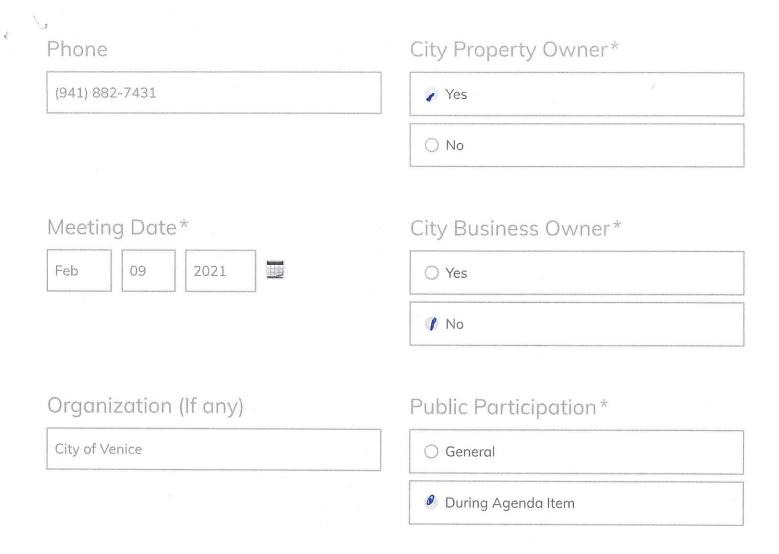
The asterisk denotes a required field in order to complete the form submission.

"]

Your name*

Prefix (optional)	
Jeff	
First Name	
Shrum	
Last Name	
Address*	
401 W Venice Ave	
Address Line 1	
Address Line 2	
Venice	
City	
Florida	
state "	
34285	
ZIP Code	land and a second se
Email	City Resident*
jshrum@venicegov.com	• Yes
	○ No
5300aaada	

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Agenda Item*

CC 20-51CU, Ord. NO 2021-01, Ord. No. 2021-07, cc 18-02CU

Comments at public hearings and during audience participation are limited to five minutes per speaker for city residents, property owners and business owners, and two minutes for all others, unless otherwise noted.

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

Signature Powered by Formstack Create your own form >

	City of Venice		
The second secon	Request to Speak (print legibly)		
	Name: KOKEET LINCAN Date: 28/21		
	Address: 2055 WOOD ST #206		
	City: <u>SLEASOTA</u> State <u>L</u> Zip <u>34237</u>		
	City Resident: Yes No City Property Owner: Yes No City Business Owner: Yes No Telephone No: 446818200		
Please Check One	Organization (if any):		
□ Audience Participation ↓ During Agenda Item - 7	-Topic: MJRPH/ OAKS - Applicant		
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 heaping, held this day of $\frac{125}{125}$ 20 $\frac{20}{125}$ is truthful.			
Signature:			
Comments at public hearings	and during audience participation are limited to five minutes per speaker for city residents		

	City of Venice		
	Request to Speak (print legibly)		
"City on the Gulf"	Name: $\underline{\mathcal{ICKLONGO}}$ Date: $\underline{\mathcal{IPZI}}$		
	Address: 295 March Creek		
	City: <u>Veulce</u> State FC Zip <u>34292</u>		
	City Resident: Ves No City Property Owner: Ves No City Business Owner: Yes No Telephone No: 7788523197		
	Organization (if any): Pace press & Central Velige		
Please Check One	, Coaliston		
Audience Participation – Topic:			
During Agenda Item - Topic:			
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 $\frac{1}{2}$ day of $\frac{1}{2}$ and $\frac{1}{2}$ is truthful.			
Signature:			

	City of Venice	
	Request to Speak (print legibly)	
"City on the Gulf"	Name: JETTENY A PRONE Date: 2/9/21 Address:	
	City: State Zip	
	City Resident: Yes No City Property Owner: Yes No City Business Owner: Yes No Telephone No:	
Please Check One	Organization (if any): Boont Low Firm	
Audience Participation – Topic: During Agenda Item - Topic: MURPHY ONC		
W During Agenda nem - Topic:		

I swear or affirm, un at the public hearing	der penalty of perjury, held this day of	that the evidence of 2021	r factual representation, is truthful.	which I am about to give or pre	sent
Signature:					

	City of Venice		
	Request to Speak (print legibly)		
"City on the Gulf"	Name: Annie Boone Date: 02/09/2021 Address: 1001 Avenida Del Circo City: Vinice State FL Zip 34285 City Resident: EYes No City Property Owner: Eyes No City Business Owner: Eyes No Telephone No:		
Please Check One Audience Participation – Topic: During Agenda Item - Topic: 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.			
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 <u>7</u> day of <u>Feb</u>. 20<u>3</u> is truthful. Signature:

	City of Venice
	Request to Speak (print legibly)
"City on the Gulf"	Name: Lourie Birnbach Date: 2/9/2021
	Address: 7175 Saddle Creet Circle
	City: <u>Suraseta</u> State <u>FL</u> Zip <u>34241</u>
	City Resident: \Box Yes No City Property Owner: \Box Yes No City Business Owner: \Box Yes No Telephone No: $\underline{G41-320-2018}$
Please Check One	Organization (if any): Fox Lea Farm
□ Audience Participation	
During Agenda Item - 7	Copic:

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 \mathcal{O}_{1} day of $1 - \mathcal{O}_{2}$ 20 \mathcal{H}_{1} is truthful.

Signature:

	City of venice
	Request to Speak (print legibly)
	Name: Kim Rae Aldrich Forrell Date: 2/9/21
	Address: 727 Back Dire Dr
	City: Vence State FL Zip 39285
"City on the Gulf"	City Resident: \Box Yes \Box No City Property Owner: \Box Yes \Box No City Business Owner: \Box Yes \Box No Telephone No: $\underline{G41} - \underline{309} - \underline{(0365)}$
Please Check One	Organization (if any): Fox heafarm ha
□ Audience Participation	- Topic: opic:Murphy Gaks
If you are going to present evi following oath. You are not rea	dence and/or testimony during a public hearing, you are required to complete and sign the quired to sign the oath if you are speaking at Audience Participation or at a workshop.
I swear or affirm, under penalt	y of perjury, that the evidence or factual representation, which I am about to give or present 4 day of 20 20 21 is truthful.
Signature:	taul

	City of Venice
	Request to Speak (print legibly)
	Name: DAVID BROWN Date: 2/9/24 Address: 19700 Cobblestone Curcle
	City: Venice State FL Zip 34722
"City on the Gulf"	City Resident: Yes No City Property Owner: Yes No City Business Owner: Yes No Telephone No:
Please Check One	Organization (if any): PROGRESSIVE WATER RESOURCES, U.C.
□ Audience Participation	– Topic:
During Agenda Item - 7	

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 $\underline{9}$ day of \underline{FES} 2021 is truthful.

Signature.

	City of Venice
	Request to Speak (print legibly)
	Name: Dannif Swging Date: Address: 650 N Cherman d
	City: Venue State FL Zip 3424
"City on the Gulf"	City Resident: Yes No City Property Owner: Yes No
	City Business Owner: Yes No Telephone No: 9414892766
Please Check One	Organization (if any): NA
Audience Participation - During Agenda Item - T	

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:

City of Venice
Request to Speak (print legibly)
Name: <u>PAM Schierberg</u> Date: <u>2/9/21</u> Address: <u>1624 Liscourt Dr.</u>
City: Vennie State <u>F1</u> Zip <u>34392</u>
City Resident: Yes No City Property Owner: Yes No City Business Owner: Yes No Telephone No:
Organization (if any): WATERFORD MASTER OWNERS ASSN
- Topic: <u>Murphy Oaks</u> Topic:

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 $\underline{9}$ day of $\underline{100}$ and $\underline{100}$ is truthful.

anschurber Signature: _

	Virtual Request to Speak 1 Monday, February 8, 2021	om an external source. Be Suspicious of Attachments
	mstack Submission mitted at 02/08/21	on For: Request to Speak 2:30 PM
Yo	our name:	Mr Herbert Lawson
Ad	ldress:	36400 Woodward Ave, Suite #205 Bloomfield Hills, MI 48304
En	nail:	herb@windhamgroupllc.com
Ci	ty Resident:	No
Ph	one:	(248) 290-5300
	ty Property vner:	No
M	eeting Date:	Feb 09, 2021
	ty Business vner:	No
	ganization (If y):	Windham Development, Inc

PublicDuring Agenda Item

Agenda Item:	Windham-SSD ORD.NO.2021-07 MURPHY OAKS
Signature:	Direct Link to Image
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Fo	rmstack, 11671 Lantern Road, Suite 300, Fishers, IN 46038

From:	noreply@formstack.com
To:	Christophe St. Luce; Lori Stelzer; Mercedes Barcia; Danielle Lewis
Subject:	Virtual Request to Speak for meeting/workshop on Feb 09, 2021
Date:	Tuesday, February 9, 2021 9:20:10 AM

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Formstack Submission For: Request to Speak Submitted at 02/09/21 9:20 AM

Your name:	Jackson Boone
Address:	1001 Avenida del Circo Venice, FL 34285
Email:	jackson.boone@boone-law.com
City Resident:	No
Phone:	(941) 488-6716
City Property Owner:	No
Meeting Date:	Feb 09, 2021
City Business Owner:	No
Organization (If any):	Boone, Boone & Boone, P.A.
Public Participation:	During Agenda Item
Agenda Item:	2021-07
Signature:	

Direct Link to Image

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	his email originated from ar Requests for Login Informat	n external source. Be Suspicious of Attachments t ion
	nstack Submission F nitted at 02/08/21 3:39	or: Request to Speak 9 PM
You	ır name:	Mr. Mike ALFIERI
Add	lress:	14033 VANGUARD WAY 13620 Metropolis Avenue Suite 110 ODESSA, FL 33556
Em	ail:	michaela@wsaconsult.com
0.4	y Resident:	No
City		
Pho	one:	(813) 545-4558
Pho	one: y Property Owner:	(813) 545-4558 No
Pho		
Pho City Mee	y Property Owner:	No
Pho City Med	y Property Owner: eting Date:	No Feb 09, 2021
Pho City Me City Org	y Property Owner: eting Date: y Business Owner:	No Feb 09, 2021 No

Direct Link to Image

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