

"City on the Gulf"

# City of Venice

Request to Speak (print legibly)

Name: Dick Lovato Date: 4/23/19

Address: 295 Mary Creek Rd

City: Venice State: FL Zip: 34292

City Resident:  Yes  No City Property Owner:  Yes  No

City Business Owner:  Yes  No Telephone No: 4414857268

Organization (if any): CVC - Pawnshop

Please Check One

- Audience Participation - Topic: \_\_\_\_\_
- During Agenda Item - Topic: EMS

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.

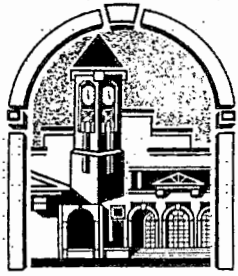
I swear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present at the public hearing, held this 15 day of April 2019 is truthful.

Signature: \_\_\_\_\_

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.

City of Venice

Request to Speak (print legibly)



"City on the Gulf"

Name: Arlene Hunter Date: 4-23-19

Address: 1043 Roberta St.

City: Venice State FL Zip 34285

City Resident:  Yes  No City Property Owner:  Yes  No

City Business Owner:  Yes  No Telephone No: 941-480-1098

Organization (if any): \_\_\_\_\_

Please Check One

- Audience Participation – Topic: EMS take over by City of Venice
- During Agenda Item - Topic: \_\_\_\_\_

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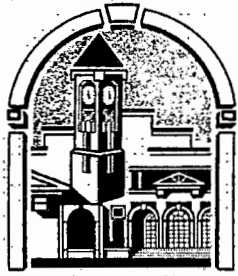
I swear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present at the public hearing, held this 23<sup>rd</sup> day of April 2019 is truthful.

Signature: Arlene Hunter

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City of Venice

Request to Speak (print legibly)



"City on the Gull"

Name: MICHAEL VANECH Date: 4/23/19

Address: 331 OTTER CREEK DR.

City: VENICE State FL Zip 34292

City Resident:  Yes  No City Property Owner:  Yes  No

City Business Owner:  Yes  No Telephone No: 941-488-2392

Organization (if any): \_\_\_\_\_

Please Check One

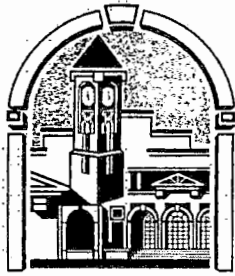
- Audience Participation – Topic: EMS
- During Agenda Item - Topic: \_\_\_\_\_

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 \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ is truthful.

Signature: \_\_\_\_\_

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"City on the Gulf"

City of Venice  
Request to Speak (print legibly)

Name: Anthony V. Pinzone Date: 4-23-19

Address: 978 Quarta Ave

City: Venice State FL Zip 34285

City Resident:  Yes  No City Property Owner:  Yes  No

City Business Owner:  Yes  No Telephone No: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

Please Check One

Audience Participation – Topic: \_\_\_\_\_

During Agenda Item - Topic: Fire Dept take over of EMT Services

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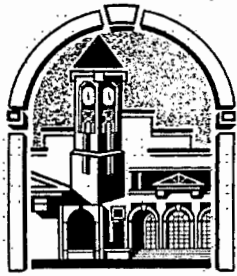
I swear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present at the public hearing, held this 23 day of \_\_\_\_\_ 20\_\_\_\_ is truthful.

Signature: \_\_\_\_\_

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City of Venice

Request to Speak (print legibly)



"City on the Gulf"

Name: CHRIS FERRANTE Date: 4/23/19  
Address: 620 ARMADA ROAD SOUTH  
City: VENICE State FL Zip 34785

City Resident:  Yes  No City Property Owner:  Yes  No  
City Business Owner:  Yes  No Telephone No: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

Please Check One

- Audience Participation - Topic: \_\_\_\_\_
- During Agenda Item - Topic: ALS / AMBULANCE SERVICE

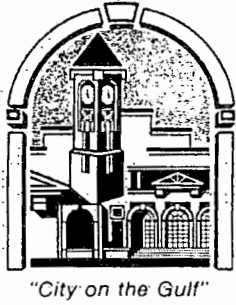
If you are going to present evidence and/or testimony during a public hearing, you are required to complete and sign the following oath. You are not required to sign the oath if you are speaking at Audience Participation or at a workshop.

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 23 day of APRIL 20 19 is truthful.

Signature:

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City of Venice  
Request to Speak (print legibly)



Name: Kit McKeon Date: 4/23/19

Address: 628 Granada Ave

City: Venice State FL Zip 34285

City Resident:  Yes  No City Property Owner:  Yes  No  
City Business Owner:  Yes  No Telephone No: 941-485-3193

Organization (if any): \_\_\_\_\_

Please Check One

- Audience Participation – Topic: \_\_\_\_\_
- During Agenda Item - Topic: EMS

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 23 day of April 2019 is truthful.

Signature: Kit McKeon

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