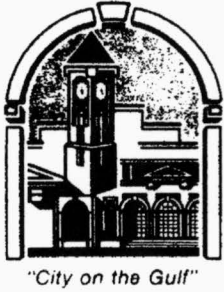


18-3202



City of Venice
Request to Speak (print legibly)

Name: CHIPSWIDER Date: 3-27

Address: 5391 LAKEWOOD RANCH BLVD

City: SARASOTA State FL Zip 34240

Telephone: 941-343-4070

Organization (if any): FAWLEY BRYANT ARCHITECTURE

Please Check One

☐ Audience Participation

☒ Agenda - Topic: COV WTP

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 27 day of MARCH 2018 is truthful.

Signature: [Signature]

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