



City of Venice

Request to Speak (print legibly)

Name: Bill Sheen Date: _____

Address: 158 TIZIANI WAY

City: N. Venice State FL Zip 34275

Telephone: 704-621-7248

Organization (if any): _____

Please Check One

- Audience Participation
- Agenda - Topic: zoo park

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 17 is truthful.

Signature: Bill Sheen

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