



City of Venice
Request to Speak (print legibly)

Name: KEVIN J. COLLINS Date: 4/26/16
Address: 313 BAYSHORE DR
City: Venice State FL Zip 34285-1410
Telephone: (941) 484-2058
Organization (if any): _____

Please Check One

- Audience Participation
- Agenda - Topic: Sister City - Maremont, Ohio

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 26 day of April 20 16 is truthful.

Signature: Kevin Collins

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