

16-03PP



"City on the Gulf"

City of Venice

Request to Speak (print legibly)

Name: David Smolker Date: _____

Address: 100 N. Tampa Street, Suite 2050

City: Tampa State: FL Zip: 33602

Telephone: 813-857-1209

Organization (if any): Smolker Bartlett Law Firm

Please Check One

Audience Participation

Agenda - Topic: CCP 16-03PP, cc 16-01CU, Ord. No 2017-21

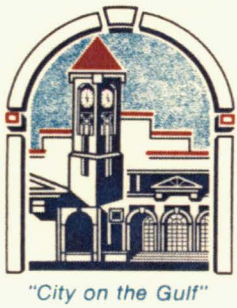
If you are going to present evidence and/or testimony during a public hearing, you are required to complete and sign the following oath. You are not required to sign the oath if you are speaking at Audience Participation or at a workshop.

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 10th day of Oct 2017 is truthful.

Signature: [Handwritten Signature]

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

16-03PP



City of Venice

Request to Speak (print legibly)

Name: Herbert Lawson Date: 10-10-17
 Address: 36400 Woodward Ave Suite 205
 City: Bloomfield Hills State Mi Zip 48301
 Telephone: 248-290-5300
 Organization (if any): Woodward Development Inc

Please Check One

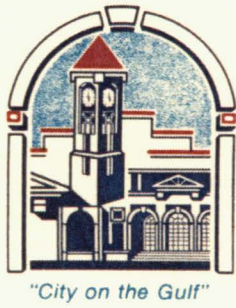
- Audience Participation
- Agenda - Topic: Preserves of Venice

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Signature: Herbert Lawson

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City of Venice

Request to Speak (print legibly)

Name: Dr. Will Lyons Date: 10/10/17
 Address: 521 Marsh Creek Rd
 City: Venice State FL Zip 34292
 Telephone: 941-480-9588
 Organization (if any): _____

Please Check One

Audience Participation

Agenda - Topic: Preserves of Venice

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Signature: [Handwritten Signature]

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"City on the Gulf"

City of Venice

Request to Speak (print legibly)

Name: RONALD COURTNEY Date: 10/10

Address: 425 OCEAN CREEK

City: VENICE State: FL Zip: 33592

Telephone: 941 484 2062

Please Check One

Audience Participation

Agenda - Topic: PRESERVE Extension
PRESERVE Application

Organization (if any): _____

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Signature: R Courtney

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City of Venice

Request to Speak (print legibly)

Name: Sally Ruyman Date: 10/10/17

Address: 9230 13th AVE Circle NW

City: Bradenton State: FL Zip: 34209

Telephone: 719-248-9298

Please Check One

Audience Participation.

Agenda - Topic:

Organization (if any): land owner

Border Road Property Preserves

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Signature: Sally Ruyman

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City of Venice

Request to Speak (print legibly)

Name: Pam Schierberg Date: 10/10/17

Address: 1624 Lis court Dr.

City: Venice State FL Zip 34292

Telephone: 941-485-0405

Organization (if any): WATERFORD Master Owners Assoc.
Central Venice Coalition of HOA/COD
The Preserves

Please Check One

Audience Participation

Agenda - Topic: The Preserves

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Signature: Pam Schierberg

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City of Venice

Request to Speak (print legibly)

Name: Paul McCallougo Date: 10/10/17
 Address: 476 Arborview Ln
 City: Venice State: FL Zip: 334292
 Telephone: 203-321-9722

Please Check One

Audience Participation.

Agenda - Topic: Reserves

Organization (if any): _____

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Signature: _____

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City of Venice

Request to Speak (print legibly)

Name: David Aldrich Date: _____

Address: 2737 Buckthorn Way

City: Naples State FL Zip 34105

Telephone: 239-253-2727

Organization (if any): Fox Lea Farm

Please Check One

Audience Participation

Agenda - Topic: _____

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Signature: [Handwritten Signature]

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