



City of Venice

	Request to Speak (print legibly)					
	Name: CHR-STOPHEN FERRANTE Date: 7/10/18					
	Address: <u>PO</u> BOX 294					
	City: State FC Zip 34284					
"City on the Gulf"	Telephone: 941 400 - 897					
	Organization (if any): CTTZEW					
Please Check One □ Audience Participation □ Agenda - Topic:						
If you are going to present ever following oath. You are not re	vidence and/or testimony during a public hearing, you are required to complete and sign the equired to sign the oath if you are speaking at Audience Participation or at a workshop.					
I swear or affirm, under penal at the public hearing, held this	Ity of perjury, that the evidence or factual representation, which I am about to give or present day of					
Signature:	,					
Comments at public hearing noted.	and during audience participation are limited to five minutes per speaker unless otherwise					

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