

Public Hearing Oath

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 today is truthful.



SIGNATURE

Brianne

NAME

10/22/2024 at 9:03am

DATE

**Brianne**  
(94) 133-2933  
blorenz@venicefl.gov



Check-in:10/22/2024 at 9:03am

Button Used:City Council

Check-In Location Name:Council Chambers

Check-out:10/22/2024 at 4:16pm

QR Code:View

Public Hearing Oath:

What is your address?401 w venice ave

Are you a City Resident/ Property Owner, Business Owner, or Non-Resident?N/A City Staff Member

Are you speaking for Public Comment or presenting as an Applicant or Agent?City Staff

What topic are you speaking on?CA 24-0360 Centennial Logo

If wanting to speak on multiple items, please list additional topics below or enter N/A.na

Do you want to speak during the Agenda item or during Audience Participation? (If a public hearing you must speak during the item.)During the Agenda Item

I understand that this agency is a public entity and is subject to Chapter 119, Florida Statutes, concerning public records, and documents may be disclosed to the public and media upon request. If I qualify for an exemption, it is my responsibility to notify the Clerk's office.Yes