

City of Venice Request to Speak (print legibly)

Agent

Name: Jackson Boone Phone Number: 941-488-6716 Date: 9/20/22

Address: 1001 Avenida Del Circo City: Venice Zip 34285

If you are speaking on your own behalf, are you a City Resident [ ] Yes [x] No, City Property Owner [ ] Yes [x] No or City Business Owner [ ] Yes [x] No

Are you speaking on behalf of someone? (You must have a written authorization from that person or entity if not their attorney) [ ] Yes [ ] No

If so who: \_\_\_\_\_ Address \_\_\_\_\_

Are they a City Resident [ ] Yes [ ] No, City Property Owner [ ] Yes [ ] No or City Business Owner [ ] Yes [ ] No

Please Check One

- [ ] Audience Participation - Topic: \_\_\_\_\_
[x] During Agenda Item - Topic: 22-320

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 20 day of Sept. 20 22 is truthful.

Signature: [Handwritten Signature]

Comments at public hearings and during audience participation are limited to five minutes per speaker for city residents, property owners and business owners, and two minutes for all others, unless otherwise noted.