

'City on the Gulf'

## City of Venice

Request to Speak (print legibly)

Name: Lindsey Job, M.D. Date: 10/18/16

Address: 333 S. Tamiami Trail suite 169/171

City: Venice State: FL Zip: 334285

Telephone: 615-517-2162

Organization (if any): Restore Medical Partners, PLLC

Please Check One

☐ Audience Participation.

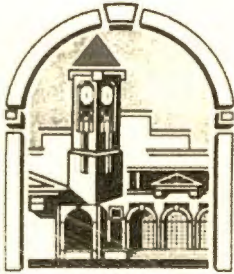
☐ Agenda - Topic: \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ is truthful.

Signature: L Job

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



"City on the Gulf"

## City of Venice

Request to Speak (print legibly)

Name: Scott Rudacille Date: 10/18/16

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization (if any): Black Waters

Please Check One

☐ Audience Participation

☒ Agenda - Topic: Restore Medical Partners - Special Exception

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 18th day of Oct 20 16 is truthful.

Signature: 

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



'City on the Gulf'

## City of Venice

Request to Speak (print legibly)

Name: Scott Pickett Date: 10/18/16

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please Check One

☐ Audience Participation.

Organization (if any): COV

☒ Agenda - Topic: 16-2SE (Roster Medical Partners)

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 18 day of Oct 20 16 is truthful.

Signature: Scott Pickett

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