

"City on the Gulf"

## City of Venice

Request to Speak (print legibly)

Name: JEROME STUBEN Date: 9/7/17  
Address: 618 BIRD BAY DR S.  
City: VENICO State: FL Zip: 34288  
Telephone: 416-1745

Please Check One

☒ Audience Participation.

☐ Agenda - Topic: \_\_\_\_\_

Organization (if any): SELF

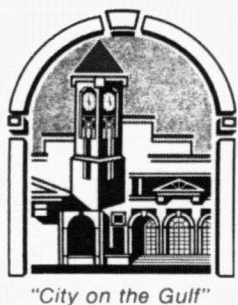
FIRE ASSESSMENT

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: \_\_\_\_\_

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



## City of Venice

Request to Speak (print legibly)

Name: Charles Alpano Date: 9-7-17  
Address: 1585 Tarpon Ctr. Dr.  
City: Venice State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: 941-223-0684  
Organization (if any): Venice Code 180A

Please Check One

☒ Audience Participation

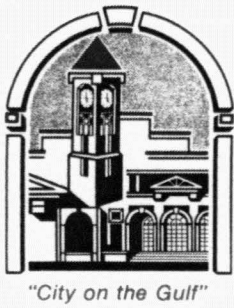
☐ Agenda - Topic: Fire Fee

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 7 day of Sept 2017 is truthful.

Signature: [Signature]

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## City of Venice

Request to Speak (print legibly)

Name: ANNETTE DWYER Date: SEPT 7  
Address: 402 MONTELLUNA  
City: NO. VENICE State FL Zip 34275  
Telephone: 941-488-8774  
Organization (if any): \_\_\_\_\_

Please Check One

☐ Audience Participation

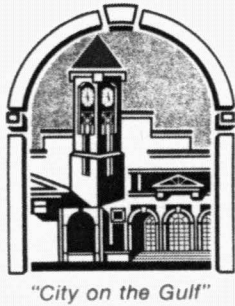
☐ Agenda - Topic: FIRE FEE

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 7 day of Sept 20 18 is truthful.

Signature: Annette Dwyer

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



# City of Venice

Request to Speak (print legibly)

Name: Larry Wilson Date: 9-7-17

Address: 601 Armada Rd. S.

City: Venice State: FL Zip: 34285

Telephone: 941-359-1651

Please Check One

☐ Audience Participation.

☐ Agenda - Topic: Fire "Fee"

Organization (if any): Resident

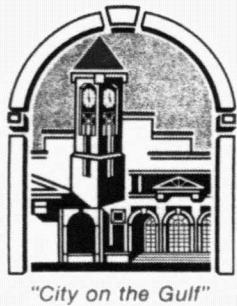
If you are going to present evidence and/or testimony during a public hearing, you are required to complete and sign the following oath. You are not required to sign the oath if you are speaking at Audience Participation or at a workshop.

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 7 day of Sept 20 17 is truthful.

Signature: Larry Wilson

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# City of Venice

Request to Speak (print legibly)

Name: TOM MANUHL Date: 9/1/17  
Address: 762 VILLAGE CIRCLE  
City: VENICE State: FL Zip: 34292  
Telephone: 941 484 3276

Please Check One

☐ Audience Participation.

☐ Agenda - Topic: \_\_\_\_\_

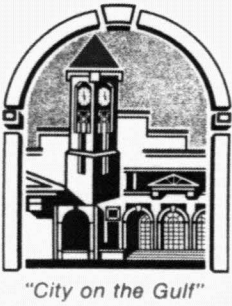
Organization (if any): NOVA

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: [Signature]

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## City of Venice

Request to Speak (print legibly)

Name: William Woods Date: 9/7/17

Address: 600 Pond Willow Ln

City: Venice State: FL Zip: 34292

Telephone: 941 412 1930

Organization (if any): N/A

Please Check One

☐ Audience Participation

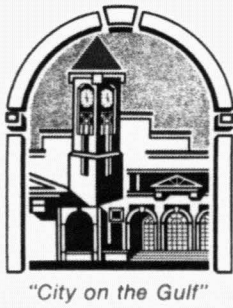
☐ Agenda - Topic: \_\_\_\_\_

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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 7 day of 9 2017 is truthful.

Signature: William Woods

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## City of Venice

Request to Speak (print legibly)

Name: Emilio Palesmo Date: 9-7-17

Address: 210 Golden Bch Blvd

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

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

Organization (if any): \_\_\_\_\_

Please Check One

☐ Audience Participation

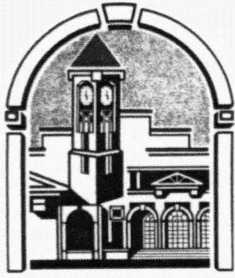
☐ Agenda - Topic: \_\_\_\_\_

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Signature: \_\_\_\_\_

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"City on the Gulf"

## City of Venice

Request to Speak (print legibly)

Name: Lee Lanth Date: 9/7/17  
Address: 829 whiteoak dr  
City: Venice State: FL Zip: \_\_\_\_\_  
Telephone: 484-5182

Please Check One

☐ Audience Participation.

☐ Agenda - Topic: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

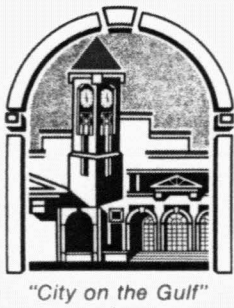
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Signature: \_\_\_\_\_

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## City of Venice

Request to Speak (print legibly)

Name: ROBERT EKLUND Date: 9/7/17

Address: 612 TYSON TERRACE

City: VENICE State FL Zip 34285

Telephone: (889) 327-7882

Organization (if any): \_\_\_\_\_

Please Check One

☒ Audience Participation

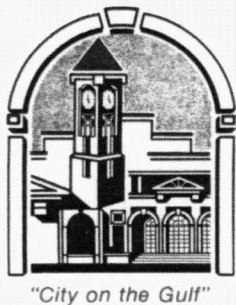
☐ Agenda - Topic: \_\_\_\_\_

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Signature: \_\_\_\_\_

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## City of Venice

Request to Speak (print legibly)

Name: Mike Raftery Date: 9/7/2017  
Address: 989 Capitan  
City: Venue State: FL Zip: 34285  
Telephone: 406 0138

Please Check One

☐ Audience Participation.

☐ Agenda - Topic: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

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Signature: \_\_\_\_\_

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