



"City on the Gulf"

James
Koernig,

16-01AN, 16-02CP, 16-06RZ

City of Venice

Request to Speak (print legibly)

Name: Jim Koernig Date: 10/2/17

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Organization (if any): COV - P12 Planner

Please Check One

☐ Audience Participation

☒ Agenda - Topic: SHVD Presentations

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 3 day of Oct. 20 17 is truthful.

Signature: [Signature]

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

16-01AN, 16-02CP, 16-06RZ

City of Venice

Request to Speak (print legibly)



"City on the Gulf"

Name: GREG ROBERTS Date: 10/3/17

Address: 341 W. VENICE AVE

City: VENICE State: FL Zip: 34285

Telephone: 485-2900

Please Check One

☐ Audience Participation.

☒ Agenda - Topic: SAYO

Organization (if any): _____

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 3 day of NOV, 2017 is truthful.

Signature: [Signature]

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