City of Venice

17-2420



"City on the Gulf"

☐ Audience Participation.

Please Check One

Name: \leq	Request to Speak (print legibly)		10/10/17
Address:	 		
City:	State:	Zip:	

Organization (if any):

Telephone:

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.

17-2820

City of Venice

Request to Speak (print legibly)



an Bone Date: Address: City: _____ State: ___ Zip: Telephone: _____ 'City on the Gulf' Organization (if any): 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.

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

17-2820

City of Venice

Request to Speak (print legibly)

"City on the Gulf"

Date: 16 11)}

Address: 52) Mary Corce Ro

City: Venice StateFL Zip: 34292

Telephone: 441-480-1588

Please Check One

Organization (if any):

□ Audience Participation.

Agenda - Topic: NAMe S

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