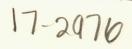
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City of Venice

	City of venice				
	Request to Speak (print legibly)				
	Name: Rob Mextino Date: 12/12/17				
	Address: 252 Glen Oak K				
	City: Venice State FC Zip 3 4293				
"City on the Gulf"	Telephone: 508 397 2816				
	Organization (if any): Venice Pier F. thermen				
Please Check One					
□ Audience Participation	D - 1/2				
Agenda - Topic:	TICV				
If you are going to present en following oath. You are not r	vidence and/or testimony during a public hearing, you are required to complete and sign the equired to sign the oath if you are speaking at Audience Participation or at a workshop.				
	lty of perjury, that the evidence or factual representation, which I am about to give or present s day of 20 is truthful.				
Signature:					
Comments at public hearing noted.	and during audience participation are limited to five minutes per speaker unless otherwise				

City of Venice
Request to Speak (print legibly)





"City on the Guit"	Name: James	areen	Date:
	Address:		
	City:	State:	Zip:
	Telephone:		
Please Check One Audience Participatio	Organization (if any):		
Agenda - Topic:			
	evidence and/or testimony during required to sign the oath if you a		equired to complete and sign the cipation or at a workshop.
	alty of perjury, that the evidence is day of 20		nich I am about to give or present
Signature:			
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Comments at public hearing and during audience participation are limited to five minutes per speaker unless otherwise noted.