

17-3012



## City of Venice

Request to Speak (print legibly)

Name: ELAINE Schwartz Date: 12/12  
Address: 240 S. Harbor Dr #2  
City: Venice State: \_\_\_\_\_ Zip: 34285  
Telephone: 941-485-4662  
Organization (if any): \_\_\_\_\_

Please Check One

☐ Audience Participation

☒ Agenda - Topic: Harbor Dr lights

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 14 day of 12 2017 is truthful.

Signature: Elaine J. Schwartz

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