

17-05SE



"City on the Gulf"

City of Venice
Request to Speak (print legibly)

Name: ROBERT HALL Date: 11-5-17

Address: 1041 ANCONA BLVD

City: VENICE State MA Zip 34275

Telephone: 612-840-7798

Organization (if any): EMMANUEL LUTHERAN

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 5 day of DEC 2017 is truthful.

Signature: Robert Hall

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