18-3047



City of Venice

	Name:	Name: Telf Books			Date:	
	Address: _		A			
	City:			State	Zip	
"City on the Gulf"	Telephone:			****		
	Organizatio	On (if any):				
Please Check One □ Audience Participation □ Agenda - Topic:				÷		
If you are going to present e following oath. You are not					uired to complete and sign the pation or at a workshop.	
				esentation, which	h I am about to give or present	
at the public hearing, held thi	sday of _	20	is truthful.			
Signature:	- 11/1					
Comments at public hearing noted.	and during au	udience participa	tion are limited	I to five minutes	s per speaker unless otherwise	