18-3049



City of Venice

	Name:	Text	Request to Sp		oly) Date:
	City:			_ State	Zip
"City on the Gulf"	Telephone		and the second s		
	Organizatio	On (if any): _			
Please Check One					
☐ Audience Participation	,				
□ Audience Participation□ Agenda - Topic:	10 NOV	TU			
	WI -				
If you are going to present er following oath. You are not r					equired to complete and sign the cipation or at a workshop.
I swear or affirm, under pena at the public hearing, held this				presentation, wh	nich I am about to give or present
Signature:					
Comments at public hearing noted.	and during a	udience partic	ipation are limit	ed to five minu	tes per speaker unless otherwise