| | City of Venice Request to Speak (print legibly) |
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| "City on the Gult" | Name: $KORTKOSTER Date: 2-28-17$ Address: $537 MANATIECOURT - 207$ City: $VEK(ICE State: FL Zip: 342.85)$ Telephone: $941.920.9187$ |
| Please Check One Audience Participation Agenda - Topic: | Organization (if any): OIL OTHER CITY EXPERIENCE REENVIL |
| | evidence and/or testimony during a public hearing, you are required to complete and sign the t required to sign the oath if you are speaking at Audience Participation or at a workshop. |
| I swear or affirm, under per at the public hearing, held the Signature: | halty of perjury, that the evidence or factual representation, which I am about to give or present hisday of20 is truthful. |
| Comments at public hearin noted. | ng and during audience participation are limited to five minutes per speaker unless otherwise |