		of Venice Speak (print legibly))
	Name: Kotherine Mol Address: City of Venic		Date: 4/17/18
	City:		_Zip:
"City on the Gulf"	Telephone:		
Please Check One	Organization (if any): City or	f Venice	
Agenda - Topic:			

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/heid/hjs//11 day of 20 is truthful.

Signature:

		Cynthia
	City of Venice	LONM
	Request to Speak (print legibly)	
	Name: <u>UYUUDYLORY</u>	Date: 410/15
	Address: 174 GULLER	· · · · · · · · · · · · · · · · · · ·
	City: State 2	Zip \$7.20
"City on the Gulf"	Telephone: <u>GUUR</u>	
	Organization (irany): 3781860	
Please Check One		
Audience Participation	27	
DAgenda - Topic:	ht	

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 20 and 20 is truthful.

Signature:	0	AI	MI	1)	

	City of Venice
	Request to Speak (print legibly)
	Name: Randal (Randy) South Date: 4/17/18 Address: 432 Alhembra Rd
	City: Venice State FL Zip 34285
"City on the Gulf"	Telephone: 216 218 8300
	Organization (if any):
Please Check One	
□ Audience Participation Agenda - Topic:	505 Valencia
,	
	vidence and/or testimony during a public hearing, you are required to complete and sign the required to sign the oath if you are speaking at Audience Participation or at a workshop.

wear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or presen	t
he public hearing, held this 17 day of April 20 18 is truthful.	
wear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present the public hearing, held this 1 4 day of <u>Arri 2018</u> is truthful.	
mature: Unit in the second	

	City of Venice Request to Speak (print legibly)
	Name: VAL PALANGE Date: 4/17/2018
	Address: 501 VALENCIAMD
	City: VENCE State: FLZip: 34285
"City on the Gulf"	Telephone: <u>941-716-9545</u>
Please Check One	Organization (if any):
 Audience Participatioi. Agenda - Topic: 	Sv

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 20 day of 20 8 is truthful.

Signature:

2	Euristhenes Papa efthimiou City of Venice
	City of venice
	Request to Speak (print legibly)
	Name: Papaefthimion Date: April /17/2018
	Name: <u>rapa er an mion</u> Date: <u>Abus II 112018</u>
	Address: 509 Valencia
	City: Venice State: ETConductor
"City on the Gulf"	Telephone: 401-688-5196
Please Check One	Organization (if any):
Audience Participation	
Agenda - Topic:	-01VZ

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 _____ day of ______ 20____ is truthful.

Recepution Enghunes Signature:

	City of Venice Request to Speak (print legibly)
	Name: DR. RONALD MUSSELMAN Date: 4/17/18
	Address: 512 VALENCIA RA
	City: VENICE State FL Zip 34285
"City on the Gulf"	Telephone: <u>941 485 - 4375</u>
	Organization (if any):
Please Check One	1
Agenda - Topic:	VARIANCE REQUEST FOR VALENCIA RD
If you are going to present e	vidence and/or testimony during a public hearing, you are required to complete and sign t

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 $\frac{1}{208}$ and $\frac{1}{208}$ is truthful.

Signature:	Conald	hlumm
-		

	City of Venice
	Request to Speak (print legibly)
	Name: Davilas GRAFFAGNA Date: 4/17/18
	Address: 505 VALENCIA RD.
	City: VENICE State: FL Zip: 34285
	Telephone: 630-542-1939
Please Check One	Organization (if any):
□ Audience Participation. Agenda - Topic:	1801 VZ

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 ______ day of ______ 20_____ is truthful.

Signature

	City of Venice Request to Speak (print legibly)
	Name: ARBARAGRAFFAGNA Date: 4/17/18
	Address: 505 VALENCIA RD.
	City: VENICE State IL Zip 34285
"City on the Gulf"	Telephone: 630-542-1943
	Organization (if any):
Please Check One Audience Participation Agenda - Topic:	

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 _____ day of ______ 20____ is truthful.

0 Signature: _