

City of Venice

	Request to Speak (print legibly)
	Name: Lathlen Weden Date: 6/19/18
	Address: 401 W. Venja Ave
	City: Venice State FL Zip 34285
"City on the Gulf"	Telephone: 941-887-7409
	Organization (if any): City of Vonice
	18-01RZ, 18-04RZ, 18-01AM, 18-3380
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 1 day of 3018 is truthful.	
Signature:	
Comments at public hearing and during audience participation are limited to five minutes per speaker unless otherwise noted.	