City of Venice

		City of venice	
"City on the Gulf"		Request to Speak (print l	
	Name: Kocca	Cearer	Date: 6/19/18
	Address:	-	
	City:	State:	Zip:
	Telephone:		
Please Check One	Organization (if any):	ITY OF V	ENICE
☐ Audience Participation☐ Agenda - Topic:	18-01RZ,	18-01AM	_
	-		re required to complete and sign the Participation or at a workshop.
I swear or affirm, under pena at the public hearing, held thi	alty of perjury, that the evidence day of Ten 620	ce or factual representation, is truthful.	, which I am about to give or present
Signature:	the		
Comments at public hearing	and during audience particip	ation are limited to five m	ninutes per speaker unless otherwise

"City on the Culf"

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 Vaniee
Please Check One Audience Participation Agenda - Topic:	,
	ridence and/or testimony during a public hearing, you are required to complete and sign the equired to sign the oath if you are speaking at Audience Participation or at a workshop.
I swear or affirm, under penal at the public hearing, held this	ty of perjury, that the evidence or factual representation, which I am about to give or present day of Jone 2018 is truthful.
Signature:	
Comments at public hearing noted.	and during audience participation are limited to five minutes per speaker unless otherwise