	City of Venice Request to Speak (print legibly)		
	Name: Kathevine Moellu	lr	Date: 61918
	Address: 401 W Venice Ave		
	City: Velvice	State: <u>FL</u>	Zip: <u>34285</u>
"City on the Gulf"	Telephone: <u>941-882-744</u>	19	
Please Check One	Organization (if any): City of	venice	
□ Audience Participation ✓ Agenda - Topic: _/ 🖯	-0407		
Topic. 10	VINS		

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, hold this 19 day of ______ 20 k is truthful.

Signature:

Comments at public hearing and during audience participation are limited to five minutes per speaker unless otherwise noted.

-	Cite of Varias
	City of Venice Request to Speak (print legibly)
IDD	
	Name: Kathlen Weden Date: 6/19/18
	Address: Yoi W. Venja Ave
	City: Venice State FL zip 34285
"City on the Gulf"	Telephone: 941-882-7409
	Organization (if any): City of Upnice
Please Check One	organization (in ally):
D Audience Participatio	01 18 0102 18 0102 15 010 10 220
Agenda - Topic:	18-01RZ, 18-04RZ, 18-01AM, 18-3380
	evidence and/or testimony during a public hearing, you are required to complete and sign the trequired to sign the oath if you are speaking at Audience Participation or at a workshop.

Signature:

Comments at public hearing and during audience participation are limited to five minutes per speaker unless otherwise noted.