



City of Venice
Request to Speak (print legibly)

Name: Dan Bailey Date: 1/15/19
Address: 200 S. Orange Ave
City: Sarasota State FL Zip 34239

City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No
City Business Owner: ☐ Yes ☒ No Telephone No: (941) 321-4184

Organization (if any): Williams Parker / Attys. for Sarasota Memorial Hospital - Venice

Please Check One

- ☐ Audience Participation – Topic: Agenda Item 1V
☐ During Agenda Item - Topic: _____

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 15 day of Jan. 20 18 is truthful.

Signature: Dan Bailey

Comments at public hearings and during audience participation are limited to five minutes per speaker for city residents, property owners and business owners, and two minutes for all others, unless otherwise noted.

City of Venice

Request to Speak (print legibly)



Name: Sharon Roush Date: 1/15/19

Address: 1835 Southpointe Dr.

City: Sarasota State: FL Zip: 34321

City Resident: ☐ Yes ☒ No City Property Owner: ☒ Yes ☒ No

City Business Owner: ☒ Yes ☐ No Telephone No: _____

Organization (if any): Sarasota Memorial Hospital

Please Check One

☐ Audience Participation – Topic: _____
☒ During Agenda Item - Topic: Ordinance - 18-05 Am

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 15 day of Jan 20 19 is truthful.

Signature: Sharon L. Roush

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City of Venice
Request to Speak (print legibly)

Name: STEVE JACKSON Date: 1/15/19

Address: 4843 SKY BLUE DR

City: LOTZ State FL Zip 33558

City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No

City Business Owner: ☐ Yes ☒ No Telephone No: 952-994-9103

Organization (if any): FEAD ARCHITECTS

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: TEXT AMENDMENT

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 15 day of JANUARY 2019 is truthful.

Signature: [Signature]

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City of Venice
Request to Speak (print legibly)

Name: Cary Shippert Date: 1/15/19
Address: 14316 Jabot Lane
City: Orlando State FL Zip 32837

City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No
City Business Owner: ☐ Yes ☒ No Telephone No: 407 850-9805

Organization (if any): Gilbane

Please Check One

- ☒ Audience Participation – Topic: text amendment
☐ During Agenda Item - Topic: _____

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 15th day of January 20 19 is truthful.

Signature: [Signature]

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