

"City on the Gulf"

City of Venice  
Request to Speak (print legibly)

Name: Dan Bailey Date: 2/12/19

Address: 2005 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) 329-6609

Organization (if any): \_\_\_\_\_

Please Check One

☐ Audience Participation – Topic: \_\_\_\_\_

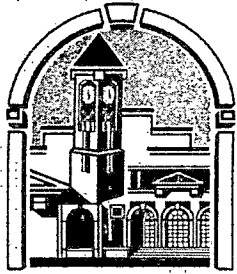
☒ During Agenda Item - Topic: V.A. Text Amend. 18-05AM

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 12 day of Feb 2019 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 on the Gulf"

## City of Venice

### Request to Speak (print legibly)

Name: Jeffery A. Boone Date: 2/12/19

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City Business Owner: ☒ Yes ☐ No Telephone No: \_\_\_\_\_

Organization (if any): Boone Law Firm

Please Check One

☐ Audience Participation – Topic: \_\_\_\_\_

☐ During Agenda Item - Topic: Ordinance No 2019-09

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 12 day of \_\_\_\_\_ 20\_\_\_\_ is truthful.

Signature: \_\_\_\_\_

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