

City of Venice

Request to Speak (print legibly)



Name: Kelsey Kloppe Date: 4/3

Address: 1777 MAIN ST SUITE 200

City: STASDA State: FL Zip: 34219

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

City Business Owner: ☐ Yes ☒ No Telephone No: 941 379-7600

Organization (if any): Kimberly Horn

Please Check One

☐ Audience Participation – Topic: _____

☐ 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 3 day of April 2019 is truthful.

Signature: Kelsey Kloppe

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: Michael C. Vaudo Date: 4/3/19

Address: 1777 Main St.

City: Sarasota State FL Zip 34236

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

City Business Owner: ☐ Yes ☒ No Telephone No: 907-427-1693

Organization (if any): Kimley-Horn

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: LDR Workshop

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 3rd day of April 20 19 is truthful.

Signature: Michael C. Vaudo

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City of Venice
Request to Speak (print legibly)

Name: Philip Di Maria Date: 4-3-19
Address: 1777 Main St
City: Sarasota State FL Zip 34236
City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No
City Business Owner: ☐ Yes ☒ No Telephone No: 941 379 7636
Organization (if any): Kimley-Horn

Please Check One

☐ Audience Participation – Topic: _____
☒ During Agenda Item - Topic: LDR Workshop

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 3 day of April 20 19 is truthful.

Signature: [Signature]

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City of Venice

Request to Speak (print legibly)



Name: James Ehrmann Date: 4/3/19

Address: 1777 Main St. Suite 201

City: Sarasota State: FL Zip: 34236

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

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

Organization (if any): Kimley Horn and Associates

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: Presenter

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 3 day of April 2019 is truthful.

Signature: [Signature]

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