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City of Venice

Request to Speak (print legibly)



"City on the Gulf"

Name: Dan Bailey, Esq Date: 5/7/19

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) 329-6609

Organization (if any): Williams Parker / SMH

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: SMH-Venue

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 7 day of May 2019 is truthful.

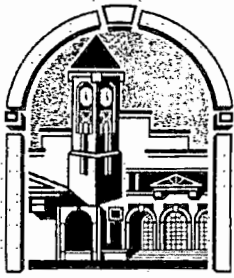
Signature: Dan Bailey

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 of Venice

Request to Speak (print legibly)

2



"City on the Gulf"

Name: Sharon Roush Date: 5/7/19

Address: 1700 S Tamiami Trail

City: Sarasota State FL Zip

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

City Business Owner: ☒ Yes ☒ No Telephone No:

Organization (if any): Sarasota Memorial Hospital - Venice

Please Check One

☐ Audience Participation - Topic:

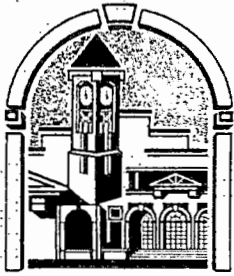
☒ During Agenda Item - Topic: Sarasota Memorial Hospital - Venice

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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 7 day of May 2019 is truthful.

Signature: Sharon L. Roush

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"City on the Gulf"

City of Venice
Request to Speak (print legibly)

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Name: STEVEN JACKSON Date: 5/7/2019
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): FUND ANCIENTS

Please Check One

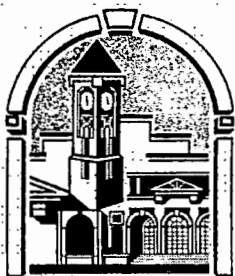
☐ Audience Participation - Topic: _____
☒ During Agenda Item - Topic: SMH - VENICE

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 7 day of MAY 20 19 is truthful.

Signature: [Signature]

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"City on the Gulf"

City of Venice

Request to Speak (print legibly)

(4)

Name: Melanie Smith Date: 5/7/19
Address: 6900 Pro Hwy E
City: Sarasota State: FL Zip: 34240
City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No
City Business Owner: ☐ Yes ☒ No Telephone No: _____
Organization (if any): Stantec / SMH

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: SMH-Venue

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 ____ day of _____ 20____ is truthful.

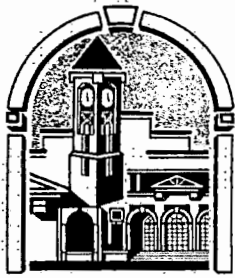
Signature: _____

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City of Venice

Request to Speak (print legibly)

(S)



"City on the Gulf"

Name: THOMAS W. PERIGO Date: 5/17/2019
Address: 1706 S. TAMiami TR
City: SARASOTA State FL Zip 34239
City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No
City Business Owner: ☐ Yes ☐ No Telephone No: _____
Organization (if any): SARASOTA MEMORIAL Hosp

Please Check One

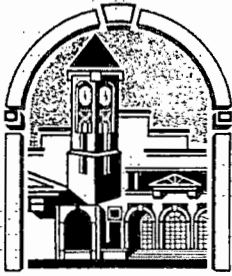
☐ Audience Participation - Topic: _____
☒ During Agenda Item - Topic: BI-FUEL GENERATION

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 17 day of MAY 2019 is truthful.

Signature: _____

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"City on the Gulf"

City of Venice
Request to Speak (print legibly)

Name: ROGER CLARK Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

Organization (if any): CITY OF VENICE

Please Check One

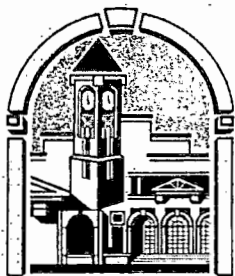
- ☐ Audience Participation – Topic: 18-01AN, 18-02AN, 18-09RZ, 18-166P, 18-083E
☐ During Agenda Item - Topic: _____

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 7 day of MAY 2019 is truthful.

Signature: Roger Clark

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"City on the Gulf"

City of Venice
Request to Speak (print legibly)

①

Name: GENE HINES Date: 5/7/19

Address: 221 SORRENTO RANCHES DR.

City: NOKOMIS State FL Zip 3

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

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

Organization (if any): VENICE ADVISORY COUNCIL SMH

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: SMH PETITIONS

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.

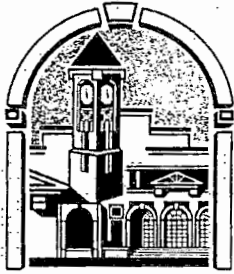
I swear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present at the public hearing, held this 7 day of MAY 20 19 is truthful.

Signature: [Signature]

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Request to Speak (print legibly)

2



"City on the Gulf"

Name: Robert Burns Date: 5/7/19
Address: 300 Surrender Ranches Dr
City: Nokomis State Kc Zip 39275

City Resident: ☐ Yes ☒ No City Property Owner: ☐ Yes ☒ No
City Business Owner: ☐ Yes ☒ No Telephone No: (341) 450-0243

Organization (if any): Surrender Ranches Homeowners Association, Inc

Please Check One

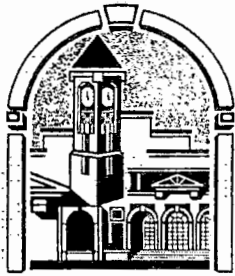
☐ Audience Participation - Topic: _____
☒ During Agenda Item - Topic: SMH activities

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 7th day of May 20 19 is truthful.

Signature: [Signature]

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"City on the Gulf"

City of Venice
Request to Speak (print legibly)

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Name: Tim Montgomery Date: 5-7
Address: 229 Cohosh Rd
City: _____ State: _____ Zip: 34275

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

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

Organization (if any):

Please Check One

☐ Audience Participation - Topic:

☐ During Agenda Item - Topic:

SMH (Hospital Project)

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 _____ day of _____ 20____ is truthful.

Signature: T. Montgomery

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