

City of Venice

	Request to Speak (print legibly)				
	Name: SEFFERY A.	Boons	Date:5		
	Address:				
	City:	State	Zip		
"City on the Gulf"	City Resident: Yes No City Property Owner: Yes No City Business Owner: Yes No Telephone No:				
	Organization (if any): Bo	ONE LAW FIRM			

Please Check One □ Audience Participation - Topic: _ During Agenda Item - Topic: 6CCF Pup

Organization (if any): _

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.

Signature: __

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"

Please Check One

Request to Speak (print legibly)

Request to Speak (print legibly)				
Name: Jim (, 11,05 Date: 5/21/19				
Name: Jim (, 1,05 Date: 5/21/19 Address: 100/ AVENIDA DEL (/11/6				
City: VENILE State F(Zip 34285				
City Resident: □Yes □No City Property Owner: □Yes □No				
City Business Owner: Telephone No: 488-6716				
Organization (if any): BOONE LAW FIRM				

Audience Participation - Topic:

During Agenda Item - Topic:

G(F)

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 bearing, held this 21 day of 20 19 is truthful.

Signature:

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"

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City of Venice

City: N Vanice State FC Zip 34275

City Resident: Yes \(\text{No} \) City Property Owner: \(\text{Yes} \) No City Business Owner: \(\text{Yes} \) No Telephone No: \(\text{941-244-2244} \)

Organization (if any): USSPC Company ASSA.

Please Check One

□ Audience Participation – Topic:

During Agenda Item - Topic: CCF - PUD

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 2/ day of 104 2011 is truthful.

Signature: __

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: Roser Cerror Date: 5.21.2019 Address:			
	City: State Zip			
"City on the Gulf"	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: /8-/0/2 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 trequired to sign the oath if you are speaking at Audience Participation or at a workshop.			
I swear or affirm, under per at the public hearing, held to	nalty of perjury, that the evidence or factual representation, which I am about to give or present his 2 day of 19720 19 is truthful.			
Signature:				

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.