City of Venice



"City on the Gulf"

Request to Speak (print legibly)

City Resident: Yes No City Property Owner: Yes No City Business Owner: Yes No Telephone No:

Organization (if any): Booke LAW KM

Please Check One

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 field this _____ day of _____ 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)



"City on the Gulf"

Please Check One

| Name: Les/12 | VIL CON & | Date: June 4, 2018 |
|-------------------|-----------|--------------------|
| Address: WI AVBUR | - | |
| City: VENICE | | Zip 34292 |

City Resident Yes DNo City Property Owner: DYes DNo

City Business Owner: Telephone No: 94/45/ 0972

Organization (if any): AUBURN WOOMS COMMUNAY

Audience Participation - Topic: Fluc & For CASSATA - 19-1322

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 4 day of 300 is truthful.

Signature: Floth VILCON

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City of Venice Request to Speak (print legibly)



"City on the Gulf"

□ During Agenda Item - Topic: 19-1

| Name: | ROBERT | MOORE | Date: | 6/4/19 |
|-------|---------|-------|-------|--------|
| | KUNZE F | | | |
| | VENICE | | Zip_ | 34292 |

City Resident: Yes No City Property Owner: Yes No

| N | Organization (if any): | |
|--------------------------|------------------------|--|
| Please Check One | | |
| Audience Participation - | - Tonic: | |

City Business Owner: ☐ Yes ☐ No Telephone No:

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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 4 day of 4 to 10 is truthful.

Signature:

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