



"City on the Gulf"

City of Venice

Request to Speak (print legibly)

Name: JEFFERY A. BOONE Date: 2/25/20

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: BCCF

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 25 day of FEB 2020 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: Jim Collins Date: 2/25/20

Address: 1001 AVENIDA DEL CIRCO

City: VENICE State FL Zip 334285

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: GCLF

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Signature: [Signature]

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City of Venice

Request to Speak (print legibly)



"City on the Gulf"

Name: JOHN NEAL Date: 2/25/20
Address: 5800 LAKEWOOD RANCH BLVD N
City: SARASOTA State: FL Zip: 34240

City Resident: ☐ Yes ☒ No City Property Owner: ☒ Yes ☐ No
City Business Owner: ☐ Yes ☒ No Telephone No: 941 328 1990

Organization (if any): NEAL LAND & NEIGHBORHOODS

Please Check One

☐ Audience Participation – Topic: _____

☒ During Agenda Item - Topic: GCCF REZON

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Signature: _____

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"City on the Gulf"

City of Venice

Request to Speak (print legibly)

Name: PAT Neal Date: 2/25/20
Address: 8200 Lakewood R Blvd
City: SRQ State _____ Zip 34240

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

City Business Owner: ☒ Yes ☐ No Telephone No: 941 586 8757

Organization (if any): Neal Committee

Please Check One

☐ Audience Participation – Topic: GCCF

☐ During Agenda Item - Topic: _____

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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 25 day of Feb 2020 is truthful.

Signature: [Signature]

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