

City of St. Augustine Beach, Florida

CITY COMMISSION - REQUEST TO SPEAK

***The time limit is three minutes for Public Comments section  
and two minutes for Agenda Items comments***



Date: \_\_\_\_\_

Speaker's Name: \_\_\_\_\_ Representing \_\_\_\_\_  
(Print clearly)

Speaker's Address: \_\_\_\_\_  
(Print complete address)

\_\_\_\_\_  
City State Zip Code

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

☐ I wish to receive text messages from The City ☐ Sign me up for the E-Newsletter

☐ I wish to speak during Agenda Item (Identify Item No.): \_\_\_\_\_

☐ I waive my right to speak, but wish to express my opinion regarding Agenda item (Identify Item No.) \_\_\_\_\_,  
**For or Against** (Circle One), Other: \_\_\_\_\_

\_\_\_\_\_

City of St. Augustine Beach, Florida

CITY COMMISSION - REQUEST TO SPEAK

***The time limit is three minutes for Public Comments section  
and two minutes for Agenda Items comments***



Public Comments (300 words or less): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_