

City of Lake Wales, Florida

CITY COMMISSION - REQUEST TO SPEAK



The time limit is five minutes.

Date: 1/13/26 Michelle

Speaker's Name: Michelle Martin Representing (Print clearly)

Speaker's Address: 2758 Pennachio Dr (Optional) (Print complete address)

Lake Wales 33853

City State Zip Code

Telephone No: 863-331-7894 Email: mtmartin@my360shield.com

- Sign me up for the quarterly email newsletter
I wish to speak on this Agenda Item(s) or topic: 2
I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items)
For or Against (Circle One), Comments:

This form is a public record and will be added to the online agenda packet after the meeting.

City of Lake Wales, Florida

CITY COMMISSION - REQUEST TO SPEAK



The time limit is five minutes.

Date: 1/13/26

Speaker's Name: Howard Davies Representing self (Print clearly)

Speaker's Address: 144 L ST (Optional) (Print complete address)

LW

City State Zip Code

Telephone No: Email:

- Sign me up for the quarterly email newsletter
I wish to speak on this Agenda Item(s) or topic: 2
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