

City of Lake Wales, Florida

CITY COMMISSION - REQUEST TO SPEAK

The time limit is five minutes.



Date: 1-20-26

Speaker's Name: Berby Wynkers Representing _____
(Print clearly)

Speaker's Address: 413 E. Seminole Ave
(Optional) (Print complete address)

Lake Wales Fl 33853
City State Zip Code

Telephone No: 8632895030 Email: berbywynkers@comcast.net

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I wish to speak on this Agenda Item(s) or topic: 6

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.