

**City of Lake Wales, Florida**

**CITY COMMISSION - REQUEST TO SPEAK**

***The time limit is five minutes.***



Date: 2-3-26

Speaker's Name: Becky Wynkoop 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: beckywynkoop@comcast.net

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I wish to speak on this Agenda Item(s) or topic: Comments/Petitions  
6.11 - Wants to pull from Consent

I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items) \_\_\_\_\_

**For or Against** (Circle One), Comments: \_\_\_\_\_

\_\_\_\_\_