

City of Lake Wales, Florida

CITY COMMISSION - REQUEST TO SPEAK



The time limit is five minutes.

Date: 2/3/26

Speaker's Name: MICHAEL RICHARDS Representing MYSELF
(Print clearly)

Speaker's Address: 1027 HIGHLAND CREST CIR.
(Optional) (Print complete address)

LAKE WALES FL 33853
City State Zip Code

Telephone No: (863) 221-5904 Email: MKRICH930@gmail.com

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