

City of Lake Wales, Florida

CITY COMMISSION - REQUEST TO SPEAK

The time limit is five minutes.



Date: 2-17-26

Speaker's Name: Becky Wynkoop Representing _____
(Print clearly)

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

Lake Wales FL 33857
City State Zip Code

Telephone No: 832815030 Email: beckywynkoop@comcast.net

Sign me up for the quarterly email newsletter

I wish to speak on this Agenda Item(s) or topic: 5

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.

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Date: 2/17/26

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

Speaker's Address: 144 C St LW
(Optional) (Print complete address)

City State Zip Code

Telephone No: _____ Email: _____

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