

PUBLIC COMMENT

SPEAKER'S CARD (Please Print)

Agenda# 6

NAME Sandra Sullivan (2)

ADDRESS 165 Dorset Lane

SFS # FL STREET 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF Self

SUBJECT / Agenda # Public Speaking
TUPS / Impact Study

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Sandra Sullivan
Signature Date

PUBLIC COMMENT

SPEAKER'S CARD (Please Print)

Agenda# 6

NAME PETER CARNESALE (1)

ADDRESS 1910 INDEPENDENCE AVE

MELBOURNE # FL STREET 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF

SUBJECT / Agenda # TURN-LANE

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature Date

Pub. Htg.

SPEAKER'S CARD (Please Print)

Agenda# H-1

NAME Daniel Willemir (3)

ADDRESS 400 Winchester Rd.
Satellite Beach, FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # _____

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Daniel Willemir
Signature

9/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H.1
(1)

NAME DOUGLAS SPILAR

ADDRESS 825 CLIFTONS COVE CT.
COCOA FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF SELF

SUBJECT / Agenda # Bigsole's Moratorium H.1
Should be H.5

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Douglas Spilar
Signature

9-17-19
Date

Pub. Hearing *Alga*

SPEAKER'S CARD (Please Print)

Agenda# H.6
(1)

NAME Olya M Perez

ADDRESS 1495 Island Dr
Merritt Island FL 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF ✓

SUBJECT / Agenda # Mood Removal

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

9-17-19
Date

SPEAKER'S CARD (Please Print)

Agenda# H.6
(2)

NAME Denise Stacy

ADDRESS 1625 Phyllis Dr.
Merritt Island FL 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF Self

SUBJECT / Agenda # Mud & Muck Removal Project.

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

9/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H6

NAME Heckenberg Souja (4)

ADDRESS 180 Bounty St

M.I. # FL STREET 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF M.I. Coop

SUBJECT / Agenda # H6 MUCK

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

J. Gladf
Signature

9/7/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H.6

NAME Deborah Coombs (3)

ADDRESS 1555 Phyllis Dr.

Merritt Island # FL STREET 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Sykes Creek Muck Removal Project

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

D. Coombs
Signature

9-17-19
Date

SPEAKER'S CARD (Please Print)

Agenda# H6
(7)

NAME Anthony Sciacca

ADDRESS 1630 Phyllis Dr.

M.I. FL # 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # _____

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

A. Sciacca
Signature

9/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H6
(5)

NAME Peter Clements

ADDRESS 1525 Phyllis DR

Merritt Is FL # 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF SELF

SUBJECT / Agenda # TWA Sykes Creek Mudslide

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

P. Clements
Signature

1750/19
Date

Sub. No. 1119

SPEAKER'S CARD (Please Print)

Agenda# H6

NAME ALAN BARGERSTOCK

(8)

ADDRESS 1410 PHILLIS DR

MERRITT ISLAND FL

STREET
32952

CITY STATE

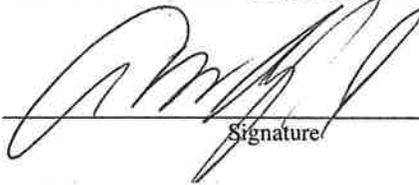
ZIP CODE

ORGANIZATION YOU REPRESENT / N/A

SELF SELF

SUBJECT / Agenda # H6 TUA DEWATERING SITE 5 YRS CREEK

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

9/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H.6

NAME TIM STONE

(6)

ADDRESS 1410 ISLAND DR.

MERRITT ISLAND FL

STREET
32952

CITY STATE

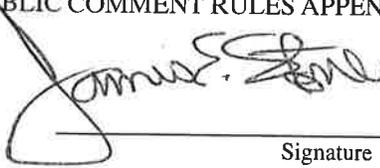
ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # H.6

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

9-17-2019
Date

Pub. 449.

SPEAKER'S CARD (Please Print)

Agenda# H.6

NAME Chuck Norris (10)

ADDRESS 2328 Post Rd

MCL # FL STREET
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF X

SUBJECT / Agenda # Lagoon muck removal

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

9/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H.6.

NAME David Christian (9)

ADDRESS 1425 Phyllis Dr

MI # FL STREET 329
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF self

SUBJECT / Agenda # _____

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

8/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# I.2
(5)

NAME Karen Montas

ADDRESS 218 Marvyn St

IHB # FL STREET 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF BCA

SUBJECT / Agenda # I-2 Board Direction BCA

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

K Montas
Signature

9/17/19
Date

SPEAKER'S CARD (Please Print)

Agenda# I.2
(2)

NAME Olivia Escandell

ADDRESS 594 Jamaica Blvd

Satellite Beach # FL STREET 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard Zoo

SUBJECT / Agenda # I2 (pending questions)

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Olivia Escandell
Signature

9/17/19
Date

UNF. Bus.

SPEAKER'S CARD (Please Print)

Agenda# 1-2

NAME Tim Demott (3)

ADDRESS 11520 Dragon Pt Dr
Merritt Is. FL 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF TDC - Chairman

SUBJECT / Agenda # 1-2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

9/17/19
Date

UNF. Bus.

SPEAKER'S CARD (Please Print)

Agenda# I.2

NAME Liz Lamb (4)

ADDRESS 11520 Dragon Point Dr
Merritt Island FL 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF TDC Cultural Committee

SUBJECT / Agenda # (BCA) I.2

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

9/17/2019
Date

Unf. Business

SPEAKER'S CARD (Please Print)

Agenda# I-2

NAME Jim Ridenour (1)

ADDRESS 4250 Careywood Dr.
Melbourne # FL STREET 32934
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF BCA BODs

SUBJECT / Agenda # I-2 Unfinished Business

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Jim L. Ridenour
Signature

9/17/19
Date

Unf. Business

SPEAKER'S CARD (Please Print)

Agenda# I-2

NAME Laurilee Thompson (2)

ADDRESS PO Box 307
Mims # FL STREET 32754
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF self

SUBJECT / Agenda # 1-2 BCA contract

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Laurilee Thompson
Signature

9/17/19
Date

New Business

SPEAKER'S CARD (Please Print)

Agenda# J.3.
(1)

NAME Laurilee Thompson

ADDRESS PO Box 307

Mims FL 32754
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF self

SUBJECT / Agenda # J3 Tourism IRL Grants

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Laurilee Thompson
Signature

9/17/19
Date

New Business

SPEAKER'S CARD (Please Print)

Agenda# J2
(1)

NAME CARL KAISERMAN

ADDRESS 4515 S. HWY A1A

MALBOURN BEACH FL 32951
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # _____

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Carl Kaiserman
Signature

SEPT 17 19
Date

New Business

SPEAKER'S CARD (Please Print)

Agenda# J-5

NAME CHET ELLSWORTH (1)

ADDRESS 989 N. HAY AIA #2

Indialand CITY FL STATE 32903 STREET ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # Internal Audit Committee Minutes

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

9-17-19
Date

New Business

SPEAKER'S CARD (Please Print)

Agenda# J.3

NAME Olivia Escandell (1)

ADDRESS 594 Jamaica Blvd

Satellite Beach CITY FL STATE 32937 STREET ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard Zoo

SUBJECT / Agenda # J3 (pending commissioner questions on the stacked share grant)

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

9/17/19
Date