

Public Comment

SPEAKER'S CARD (Please Print)

Agenda# III
(1)

NAME REV. J.B. DENNIS

ADDRESS 3710 CATALINA DR.

COCOA # FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT INTERNATIONAL ACTION NETWORK
SELF

SUBJECT / Agenda # DERELICTION OF DUTY

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

Jimmie B. Dennis
Signature

2-20-18
Date

Public Hearing

SPEAKER'S CARD (Please Print)

Agenda# IV.A
(1)

NAME Michael Patterson

ADDRESS 1409 Tipperary Drive

Melbourne # FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / US Cannabis Pharmaceutical Research + Development
SELF

SUBJECT / Agenda # Medical Marijuana Zoning

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

Michael Patterson
Signature

2/20/18
Date

Public Hearing

SPEAKER'S CARD (Please Print)

Agenda# 4A

(2)

NAME Anita Unrath

ADDRESS 1170 Ida Way

Melbourne
CITY

FL
STATE

32940
STREET
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.

Anita P. Unrath
Signature

2/20/18
Date

Public Hearing

SPEAKER'S CARD (Please Print)

Agenda# 4A

(3)

NAME TOM UNRATH

ADDRESS 1170 Ida Way

Melbourne
CITY

FL
STATE

32940
STREET
ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF _____

SUBJECT / Agenda # 4A

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

[Signature]
Signature

20 Feb 2018
Date

SPEAKER'S CARD (Please Print)

Agenda# VI.A.1

NAME JEROME WRIGHT

ADDRESS 7717 Greenboro Dr

W. Melbourne FL 32904
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.

[Signature]
Signature

Date

New Business

SPEAKER'S CARD (Please Print)

Agenda# VI.F.2

NAME Christine Kane

ADDRESS 6945 Kaylar Ave

Cocoa FL 32922
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # VI F 2

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

[Signature]
Signature

Date