

**SPEAKER'S CARD (Please Print)**

Agenda# H2

NAME Jared Maher

ADDRESS Zoo Cadiz Ct

CITY Mecitt STATE Island ZIP CODE 32953

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Vacating utility easement

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

[Signature]

Date 06-10-2008

**SPEAKER'S CARD (Please Print)**

Agenda# H3

NAME Michelle Caruso + Manny Caruso

ADDRESS 1040 New Thompson Way

CITY Mecitt STATE Island ZIP CODE 32953

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]

Date 10-6-20

## SPEAKER'S CARD (Please Print)

Agenda #

J2

NAME

Noel D'Rose

ADDRESS

580 N. WICKHAM RD

STREET

CITY

MELB

STATE

ZIP CODE

37935

ORGANIZATION YOU REPRESENT /

SELF

N/A

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

Date

10/6/20

## SPEAKER'S CARD (Please Print)

Agenda #

J-2

NAME

Kim Rezanka

ADDRESS

1240 US1

#

STREET

CITY

Rockledge

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

Island Forest Preserve

SUBJECT / Agenda #

J-2 - requesting cont to 11/10/20

to work on cost sharing agreement

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

Kim Rezanka

Signature

10/6/20

Date

## SPEAKER'S CARD (Please Print)

Agenda #

(51)

NAME

Charles A. Toley Sr.

ADDRESS

2555 Roberts Rd.

STREET #

CITY

Melb. FL

STATE

ZIP CODE

32940

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

Hagson DE G Public Counselor

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

Signature

Date



10-6-2020

## SPEAKER'S CARD (Please Print)

Agenda #

15

NAME

Peter Carnesele

ADDRESS

1910 Independence Avenue

STREET #

CITY

Vienna FC

STATE

ZIP CODE

32940

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

Sanitary Environment

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

Signature

Date



10/6/20

# **SPEAKER'S CARD (Please Print)**

Agenda# 153

NAME

Dina Reid-Hicks

ADDRESS

106 W. 1st St. #100

CITY

Portland, ME

STATE

ZIP CODE

04101

ORGANIZATION YOU REPRESENT  
SELF

City of Portland

SUBJECT / Agenda #

Waste Management Inc. of Florida

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

Signature

Date

# **SPEAKER'S CARD (Please Print)**

Agenda# 153

NAME

Dina Reid-Hicks

ADDRESS

1382 Talon Dr.

CITY

West Melbourne, FL

STATE

ZIP CODE

32904

ORGANIZATION YOU REPRESENT / SELF

WASTE MANAGEMENT INC. OF FLORIDA

SUBJECT / Agenda #

G (Public Comment)

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

Signature

Date

Dina Reid-Hicks 10/6/20



# SPEAKER'S CARD (Please Print)

Agenda#

NAME

Peter Carnevale

13+54

ADDRESS

1910 Independence Avenue

#

STREET

CITY

STATE

ZIP CODE

MERRA

FL

32940

ORGANIZATION YOU REPRESENT / SELF

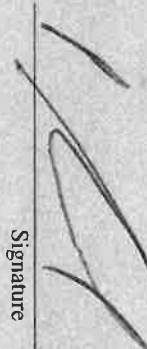
SUBJECT / Agenda #

Tourist Development Grants

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

Signature

Date



10/6/20

# SPEAKER'S CARD (Please Print)

Agenda#

NAME

Don Weaver

J-33

ADDRESS

3060 N. ATLANTIC AVE

#

STREET

CITY

STATE

ZIP CODE

COCONA BEACH

FL

32831

ORGANIZATION YOU REPRESENT / SELF

VETERANS MEMORIAL CENTER

SUBJECT / Agenda #

J-2/3

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

Signature

Date



4 OCT 2020

**SPEAKER'S CARD (Please Print)**

Agenda# 13

NAME

Wendy Ellis

ADDRESS

3400 S. Tronick Tr.

CITY

MT

STATE

VT

ZIP CODE

32952

ORGANIZATION YOU REPRESENT / SELF

MINA

SUBJECT / Agenda #

Veterans Amputee

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

Signature

Date

[Signature]

**SPEAKER'S CARD (Please Print)**

Agenda# 13

NAME

Larry Ellis

ADDRESS

#

STREET

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

MINA

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

Date

\_\_\_\_\_

\_\_\_\_\_

**SPEAKER'S CARD (Please Print)**

Agenda#

J6

NAME

Steffani Burd

ADDRESS

803 Loggerhead Island WaySatellite Beach FL

STREET

32937

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

blue Origin filling in wetland  
area south of KSC - IF it comes up.

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

Signature

Date

10/6/20