SPEAKER'S CARD (Please Print) Agenda# G

NAME Pastor Karen Cump

ADDRESS 2614 Bellheene Ave
STREET

Mims, FL
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Tooley Community Development Group

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# G

NAME Idaugna Alvarez A Idaugna Alvarez

ADDRESS 3043 Belfield Circle
STREET

Viera FL 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard Dental Society

SUBJECT / Agenda # G

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

SPEAKER'S CARD (Please Print) Agenda# G

NAME James Antoon

ADDRESS 578 Wethersfield Pl
STREET

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF ✓

SUBJECT / Agenda # G

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

Signature

9/2/21
Date

SPEAKER'S CARD (Please Print) Agenda# G

NAME Susan Antoon

ADDRESS 578 Wethersfield Pl
STREET

Melbourne FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF

SUBJECT / Agenda # Fluonde G

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

SPEAKER'S CARD (Please Print) Agenda# G

NAME Angela McKnight

ADDRESS 344 S. Lakeside Drive
STREET

Satellite Beach FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard County Dental Society

SUBJECT / Agenda # Fluoride

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

Signature

9/2/21
Date

SPEAKER'S CARD (Please Print) Agenda# G

NAME YOSHITA PATEL HOSKING

ADDRESS 4978 DUSON WAY
STREET

VIERA FL 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # G - Mims Fluoride

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

SPEAKER'S CARD (Please Print) Agenda# G

NAME Jerilyn Bird

ADDRESS 1983 Rockledge Dr.

Rockledge	FL	32955
CITY	STATE	ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard County Dental Society

SUBJECT / Agenda # Florides in Mins Drinking water

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

Signature

9/2/2021
Date

SPEAKER'S CARD (Please Print) Applicant Agenda# H1/H2

NAME Joe Mayer

ADDRESS 100 Parnell St.

Merritt Isl	FL	32953
CITY	STATE	ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Elliott Family Revocable Trust

SUBJECT / Agenda # H1/H2

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

SPEAKER'S CARD (Please Print) Applicant Agenda# H-3

NAME Joseph Calderone

ADDRESS 637 Orange Ct
STREET

Rockledge FL 32955
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

09/02/21
Date