

Consent

SPEAKER'S CARD (Please Print)

II.D.9

NAME WENDY ELLIS (1)

ADDRESS MERRITT # ISLAND
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT MERRITT ISLAND REDEVELOPMENT AGENCY, CHAIRMAN
SUBJECT _____

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

Wendy Ellis Signature 5/23/17 Date

AGENDA #
II.D.9

Public Comment

SPEAKER'S CARD (Please Print)

III

NAME Charles Torey (1)

ADDRESS 2535 Roberts Rd
Melbourne #1 FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Self
SUBJECT Job opportunity

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

Charles Torey Signature 5-23-17 Date

AGENDA #
III

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

IV. H. ①

NAME GLENN STOROH

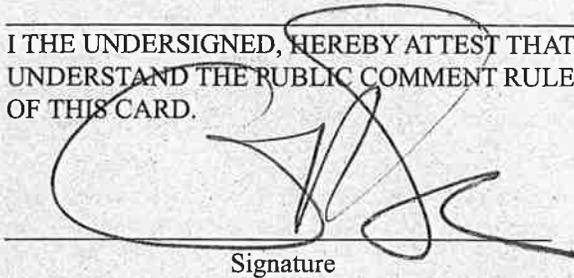
ADDRESS 420 S. NOVA RD.

DANTONA BELL # FL 32014
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT MIAMI CORP - FARMTON

SUBJECT VACATION OF RIGHT OF SALES
W/M

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



Signature

5-23-17
Date

AGENDA #
IV - A

IV. D. **SPEAKER'S CARD** (Please Print)

IV. D ①

NAME GREG WELNER

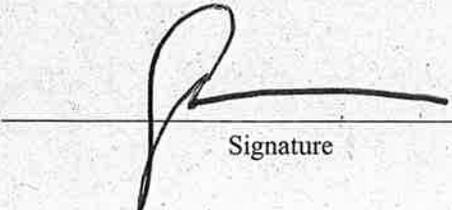
ADDRESS 3rd Street

Rockledge FL 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT EDC

SUBJECT IV-D - Project Marathon
QUESTIONS ONLY

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



Signature

Date

AGENDA #
IV-D

Pub. Hearing **SPEAKER'S CARD** (Please Print) **IV E**
NAME Cynthia Brewer **(1)**
ADDRESS 12337 Pizarro Lane
Melbourne FL 32940
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT The Pharmacy, M.I.
SUBJECT MEDICAL CANNABIS

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

[Signature] 5/23/17 AGENDA #
Signature Date **E IV**

Unit. Business **SPEAKER'S CARD** (Please Print) **V.A.**
NAME Laura Young (Dean Mead) **(1)**
ADDRESS 7380 Murrell Rd Suite 200
Viera FL 32940
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT All Aboard FL
SUBJECT Aerial Exempt Amendment

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

[Signature] 5/23/17 AGENDA #
Signature Date **V A**