

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

Agenda# \_\_\_\_\_

NAME Lisa McKeight

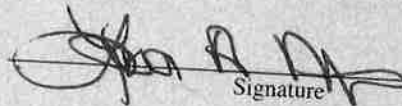
ADDRESS 3411 N 40th Street

Tampa CITY FL STATE 33647 ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Waste Management

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

7/30/20  
Date