SPEAKER'S CARD (Please Print)

Agenda# _____

NAME Lisa McKnight

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