SPEAKER'S CARD (Please Print)

Agenda# G (1)

NAME Peter Carnesale

ADDRESS 1910 Independence Avenue
STREET

Viera FL 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # Turn Lane & Traffic Light

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

Signature

7/7/20
Date

SPEAKER'S CARD (Please Print)

Agenda# I.1 (1)

NAME Janet Abt

ADDRESS 4765 Pine St.
STREET

Cocoa FL 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard City Catholic Charities advisory council

SUBJECT / Agenda # Care Act

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

Janet B. Abt
Signature

07/07/20
Date

SPEAKER'S CARD (Please Print) Agenda# I.1 (2)

NAME Pam Dirschka

ADDRESS 495 Arbor Ridge Lane
(# STREET)

Titusville FL 32780
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Self

SUBJECT / Agenda # Cares Act

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

Pamela J. Dirschka
Signature

7/7/20
Date

Unf. Bus.

SPEAKER'S CARD (Please Print) Agenda# I - 1 (3)

NAME Stacey Patel

ADDRESS 415 Jackson Ave
(# STREET)

Satellite Beach FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF self

SUBJECT / Agenda # I - 1

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

Signature

7/7/20
Date

Public Comment

SPEAKER'S CARD (Please Print) Agenda# K (1)

NAME Sofia Mazo

ADDRESS 4523 Parkway Dr.

Melbourne CITY FL STATE 32901 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF + community

SUBJECT / Agenda # emergency mgmt takeover by BCSO (if addressed)

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

Signature 7/7/20 Date

SPEAKER'S CARD (Please Print) Agenda# I (4)

NAME Michael Bramson

ADDRESS 823 Glen Arden Way

Altamonte Springs CITY FL STATE 32701 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard Firefighter's Union

SUBJECT / Agenda # I P I Cares PPE

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

Signature 7/7/20 Date

SPEAKER'S CARD (Please Print) Agenda# 9K (2)

NAME Michael Bramson

ADDRESS 823 Glen Arden

STREET

Altamont Springs

CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Fire Union

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

7/7/20
Date