

SPEAKER'S CARD (Please Print)

Agenda# D2
(1)

NAME Maria Ester

ADDRESS 1900 Post Rd #110

Melbourne # FL STREET 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Natl Fed of the Blind of Florida

SUBJECT / Agenda # Transportation D2

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

Maria Ester
Signature

9-12-19
Date

SPEAKER'S CARD (Please Print)

Agenda# D2
(2)

NAME Carille Tate

ADDRESS 2945 Kowalewicz #308

Melbourne # FL STREET 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Natl Fed of the Blind of Florida

SUBJECT / Agenda # Transportation D2

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

Carille Tate
Signature

9-12-19
Date