

SPEAKER'S CARD (Please Print)

Agenda# 23

NAME Robert Burns

ADDRESS _____

Viera # FL STREET 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # DZ D3

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

[Signature]
Signature

9/29/19
Date

SPEAKER'S CARD (Please Print)

Agenda# D2

NAME Barbara Garin

ADDRESS 3423 Carambola Ct
Viera # _____ STREET
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

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]
Signature

9/24/19
Date

SPEAKER'S CARD (Please Print)

Agenda# D-2

NAME Charles A Tovey Jr

ADDRESS 2555 Roberts Rd

Malbourne # FL STREET 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # Budget

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

Charles A Tovey Jr Signature 9-24-2019 Date

SPEAKER'S CARD (Please Print)

Agenda# D-2

NAME Chat Ellsworth

ADDRESS 989 N. Hwy A1A #2

Indialantic # FL STREET 32903
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # D-2 Budget

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

C/Ellsworth Signature 9/24/19 Date