

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

Agenda# 32

NAME Ron Bryant (7)

ADDRESS 4451 Stack Blvd

Melbourne # FL STREET 32901  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda # 2  
On a Bus - Trying to get here.

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

Signature \_\_\_\_\_ Date 9/11/18

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

Agenda# 32

NAME Arlene M. Naulty (6)

ADDRESS 3924 Southwood Dr

W Melbourne # FL STREET 32904  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF Melbourne Space Coast Chapter National Federation of the Blind

SUBJECT / Agenda # 2  
TD and ADA Transportation

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

Signature Arlene M Naulty Date 9/11/18

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

Agenda# D2

NAME Joseph B. Naulty (5)

ADDRESS 3924 Southwind Rd  
W Melbourne # FL STREET 32904  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Melbourne Space Coast Chapter National Federation of the Blind  
SUBJECT / Agenda # 2  
TD and ADA Transmittal

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

Joseph B. Naulty Signature 9/11/18 Date

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

Agenda# D2

NAME Camille Tate (4)

ADDRESS 2945 Kemblewick Drive #306  
Melbourne # FL STREET 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Pres. of NFB Melbourne Space Coast chap  
SUBJECT / Agenda # 2

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

Camille Tate Signature 9/11/18 Date

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

Agenda# D.2

NAME Maria T. Rigogliosi (3)

ADDRESS 1900 Post Road #110  
Melbourne FL 32935  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF NFB Board member

SUBJECT / Agenda # 2

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

Maria T. Rigogliosi  
Signature

9/11/18  
Date

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

NAME Glenda Heller (2)

ADDRESS 6947 Owen Dr.  
Viera, FL 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Self

SUBJECT / Agenda # D.2

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

Glenda P. Heller  
Signature

9-11-18  
Date

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

Agenda# D2  
①

NAME Peter Poliey

ADDRESS 6440 BARASCO Dr #2504  
Viera/Melbourne FL 32940  
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF \_\_\_\_\_

SUBJECT / Agenda # Space Coast Transit

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

Peter Poliey  
Signature

\_\_\_\_\_  
Date