

SPEAKER'S CARD (Please Print)

Agenda# H-10

NAME Carmine Ferraro

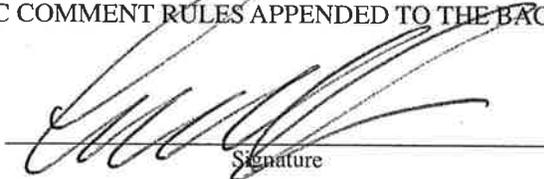
ADDRESS 3860 Curtis Blvd #636

Cocoa # FL STREET 32921
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Applicant

SUBJECT / Agenda # # 10

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


Signature

8/1/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H 8

NAME Karl Bohn

ADDRESS 1311 Bedford Dr

Melb # FL STREET 32941
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Casa Loma

SUBJECT / Agenda # H 8

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


Signature

8/1/2019
Date

SPEAKER'S CARD (Please Print)

Agenda# H5

NAME Scott Knox

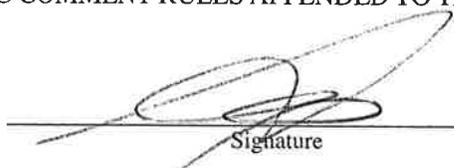
ADDRESS 1990 W. New Haven

Melbourne # FL STREET 32904
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF SUNSHINE STATE CONSERVATION

SUBJECT / Agenda # H5

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


Signature

8/11/19
Date

SPEAKER'S CARD (Please Print)

Agenda# H-4

NAME Jeff Schwenk

ADDRESS 132 Berkeley St

Sel. Beh. # FL STREET 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF X

SUBJECT / Agenda # H-4

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


Signature

Date

SPEAKER'S CARD (Please Print)

Agenda# H-4

NAME DAVE WILSON

ADDRESS 124 Berkeley St.
Satellite Bch FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Resident

SUBJECT / Agenda # Shore View

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

Signature

Date

SPEAKER'S CARD (Please Print)

Agenda# H4

NAME ROBERT F WADLEIGH

ADDRESS 591 First Ave
SAT Bch FL 32937
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # SHORE VIEW

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

Rob Wadleigh
Signature

Date

SPEAKER'S CARD (Please Print)

Agenda# H.4.

NAME Bruce Moia

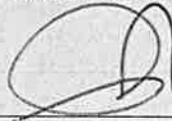
ADDRESS 1250 W. Eau Claire Blvd.

Maitland, FL 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF Blue Star Shoreview

SUBJECT / Agenda # BDP Amendment Item H.4.

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



Signature

8/1/19

Date