

SPEAKER'S CARD (Please Print)

Agenda # _____

NAME Edwin Loftin

ADDRESS 961 N. Washington Ave

CITY Titusville STATE FL ZIP CODE 32796

ORGANIZATION YOU REPRESENT / SELF Parrish Medical Center

SUBJECT / Agenda # Cares funding

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

[Signature]

11/5/20

Date

SPEAKER'S CARD (Please Print)

Agenda # _____

NAME

For Home - Breard Humane Soc.

ADDRESS

1026 Oak Road

CITY Georgetown STATE FL ZIP CODE 32926

ORGANIZATION YOU REPRESENT / SELF Breard Humane Society

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]

11/5/20

Date



SPEAKER'S CARD (Please Print)

Agenda# 111

NAME Michael Bamson

ADDRESS 823 Glen Arden Way

CITY Altamonte Springs STATE FL STREET # 32701 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard County Firefighters Union

SUBJECT / Agenda # 111

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

Michael Bamson
Signature Date 11/5/20



SPEAKER'S CARD (Please Print)

Agenda# _____

NAME Maggie Landrini - Brevard Humane Society

ADDRESS 1020 Cox Rd

CITY Leesee STATE FL STREET # 33926 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Brevard Humane Society

SUBJECT / Agenda # _____

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

Maggie Landrini
Signature Date 11/5/2020

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

Agenda# _____

NAME

Dorel Warren

ADDRESS

1615 Garden Fox St.

#

STREET

CITY

Gaithersburg

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF

Community of Hope / Breckard Houseless
Catholics

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

Date

[Signature]

11/5/2020

4

SPEAKER'S CARD (Please Print)

Agenda# _____

NAME

FAMILY PROMISE OF BEVERARD

ADDRESS

3505 WURRELL RD.

#

STREET

CITY

ROCKLEDGE

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /
SELF

FAMILY PROMISE OF BEVERARD

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

Date

[Signature]

11/5/20

SPEAKER'S CARD (Please Print)

Agenda# _____

NAME

Matt Reel

ADDRESS

134 Starboard Lane, Apt. 503

CITY

Merritt Island

STATE

FL

ZIP CODE

32953

ORGANIZATION YOU REPRESENT /
SELF

Beyond Homeless Coalition

SUBJECT / Agenda #

CARES Act Funding

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

Signature

Matthew T. Reel

Date

11/5/20

SPEAKER'S CARD (Please Print)

Agenda# _____

NAME

LIZ ALLWARD

ADDRESS

213 NE FIRST ST

CITY

SAFELITE BCH FL

STATE

FL

ZIP CODE

32937

ORGANIZATION YOU REPRESENT /
SELF

GREYARD Homeless Coalition

SUBJECT / Agenda #

CARES Act Funding

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

Signature

Spencer Alward

Date

11/5/2020

SPEAKER'S CARD (Please Print)

Agenda# _____

NAME

Michelle Dally, DVM

ADDRESS

3680 Lehigh Rd

CITY

STATE

ZIP CODE

Malabar FL 32950

ORGANIZATION YOU REPRESENT / SELF

"Stay Safe, Stay Home"

SUBJECT / Agenda #

(For Brevard Spay & Neuter)

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

Signature

Date

11/5/20

SPEAKER'S CARD (Please Print)

Agenda# _____

NAME

Kelly Winkler

ADDRESS

1937 Auburn Lake Dr

CITY

STATE

ZIP CODE

Viera FL 32955

ORGANIZATION YOU REPRESENT / SELF

Brevard 200

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

Date