

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

Agenda#

NAME \_\_\_\_\_

ЖАК КИРСЧЕНБЕРГ

①

ADDRESS

207 Arthur Dr

# SIRKEFI

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT

SELF F-1021124

Recy 1/25

**SUBJECT / Agenda #**

I. 1. 192 Landfill

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

$$\begin{array}{r} 5 \overline{) 1821} \end{array}$$

QUESTIONS ONLY  
SPEAKER'S CARD (Please Print)

## Agenda#

NAME

Brett Esrock

HS  
①

ADDRESS

#

STREET

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT / *Health First*  
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.

547

5/18/21

Questions 0114  
**SPEAKER'S CARD** (Please Print) Agenda# H5

NAME Andy Romine

ADDRESS 184 Lanternback Island Drive

CITY Sat Beach STATE OH ZIP CODE 32934

ORGANIZATION YOU REPRESENT / SELF Steward

SUBJECT / Agenda # A

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

Signature Andy Romine Date 5/

Questions Only  
**SPEAKER'S CARD** (Please Print) Agenda# H5

NAME Colleen Ernst

ADDRESS 1810 Atlanta Pl

CITY Tallahassee STATE FL ZIP CODE 32303

ORGANIZATION YOU REPRESENT / SELF FL Hospitals

SUBJECT / Agenda # H5 Medicaid Special Assessment  
Questions & Information, if needed

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

QUESTIONS ONLY  
SPEAKER'S CARD (Please Print)

Agenda# H-5  
(4)


NAME JAMIE WHITNEY

ADDRESS 1810 ATLANTIC PL

CITY TALENT STATE FL ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF FLORIDA HOSE IT ALLS

SUBJECT / Agenda # H-5: Available to answer questions if needed re: Medicaid Special Assessment and Direct Payment Program (DPP)  
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

5/18/21  
Date

Public Hearings  
SPEAKER'S CARD (Please Print)

Agenda# H-4  
(1)

NAME Scott Knox

ADDRESS 1990 W. New Haven Rd.

CITY Melbourne STATE FL ZIP CODE 32904

ORGANIZATION YOU REPRESENT /  
SELF CV MEZBAH

SUBJECT / Agenda # H-4 Signage

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



NAME Nathan Slusher

ADDRESS 860 Allendale St.

CITY Titusville STATE FL. ZIP CODE 32796

ORGANIZATION YOU REPRESENT / SELF

SUBJECT / Agenda # H-3 Trade deregulation

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME Jonathan Johnson

ADDRESS 119 S. Monroe

CITY Tallahassee STATE FL ZIP CODE 32301

ORGANIZATION YOU REPRESENT / SELF Deering Port Stewardship District

SUBJECT / Agenda # H-1

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

Signature [Signature] Date 5/18/21

PUBLIC COMMENT  
**SPEAKER'S CARD** (Please Print) Agenda# 57. (3)

NAME Therese, Macph

ADDRESS 800 H. Fiske Bldg, #403 STREET # 403

COCOA CITY FL. STATE 32922 ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF ✓

SUBJECT / Agenda # LACK OF VOLUNTARY COACHES

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

Rachel Livingston Signature 5-18-21 Date

PUBLIC COMMENT  
**SPEAKER'S CARD** (Please Print) Agenda# 57 (3)

NAME Sandra Sullivan

ADDRESS 165 Dorset Lane STREET # 32937

SPS CITY FL STATE 32937 ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF Quavesa Region

SUBJECT / Agenda # Public Comments

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

Sandra Sullivan Signature 18 May 21 Date



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

Agenda#

5  
(1)

NAME DENNIS DYER

ADDRESS 3300 BETH LANE

STREET #

MELBOURNE

CITY

STATE

FL 32934

ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF

SUBJECT / Agenda # ANIMAL CONTROL

Place - street's dangerous  
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE  
PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Den Dyer  
Signature

5-18-21  
Date

Consent

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

Agenda#

NAME

Sandra Sullivan

F36  
(1)

ADDRESS

165 Dorset Lane  
805 32937

STREET #

CITY

STATE

ZIP CODE

ORGANIZATION YOU REPRESENT /  
SELF

SUBJECT / Agenda #

F36

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

Sandra Sullivan

18 May 21