	SPEAKER'S CARD (Please Pr	int) Agenda#
NAMELIND	es Campbell	4
ADDRESS 500	5 Fishtail Palm Ave	
Cocoa	FL [#]	TREET 3577
ORGANIZATION Y		P CODE
SUBJECT / Agenda	# Lagoon recovery	/
I THE UNDERSIGNED PUBLIC COMMENT	D, HEREBY ATTEST THAT I HAVE READ RULES APPENDED TO THE BACK OF THE STATE OF THE ST	AND UNDERSTAND THE IIS CARD.
NAME LleSa	SPEAKER'S CARD (Please Pr	int) Agenda# 5
ADDRESS	9 # 97	TREET.
	1 Bay	TREET
ADDRESS	OU REPRESENT / MRC	PCODE
ADDRESS Palw CITY ORGANIZATION YO	OU REPRESENT / MRC	
ADDRESS	OU REPRESENT / MRC	AND UNDERSTAND THE
ADDRESS	OU REPRESENT / MPC # 2 O, HEREBY ATTEST THAT I HAVE READ	AND UNDERSTAND THE

SPEAKER'S CARD (Please Print) Agenda#
NAME / HV/D /30770
ADDRESS 275 POINCIANA DE STREET
196 F 32937
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. ### Public Comment Rules appended to the Back of this card.
SPEAKER'S CARD (Please Print) Agenda#
NAME (ew Kontrik 6)
ADDRESS 3208 Bird Song Ct
Melbourne FL 32934
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT /
SUBJECT / Agenda #
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
$\frac{c//8/9}{\text{Signature}}$
Date

SPEAKER'S CARD (Please Print) Agenda#
NAME JOHN WINDSOR 9
ADDRESS 2324 S. FAIRWAY DRIVE
MELBOURNE FC 3290/
ORGANIZATION YOU REPRESENT /
SELF
SUBJECT / Agenda # TRL / UNLINES
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
4/17/2019
Signature Date
U
SPEAKER'S CARD (Please Print) Agenda#
NAME Lawrilee Thompson (8)
ADDRESS PO BOX 307
" COUNTY
Mims F2 32754
ORGANIZATION YOU REPRESENT / Self
SUBJECT / Agenda #
SOBJET / Ingenda //
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Lavilar Monusson 4/18/19
Signature Control of Date

		O1 14412 (1	lease Print)	Agenda#
NAME COUNC	en Ba	uku		
£725-	MALAHA	Klob	1	
ADDRESS JU	./	#7	STREET	227
Sat 150	u	STATE	ZIP CODE	15/
ORGANIZATION			11-0	601
SELF	W OF	Sale	Mule	Peh
SUBJECT / Agenda #	/			
I THE UNDERSIGNED, H	EREBY ATTEST	THAT I HAV	E READ AND I	UNDERSTAND TI
PUBLIC COMMENT RUL	ES APPENDED 1	TO THE BAC	K OF THIS CAI	ND.
	11/1 1/1			11
				4/18/1
<u> </u>	Signature			Date
S	PEAKER'S	CARD (P	lease Print)	Agenda#
G	PEAKER'S	CARD (P	lease Print)	Agenda#
G	PEAKER'S Listapa	CARD (P.	lease Print)	Agenda#
NAME <u>Claudia</u>	PEAKER'S Listapa	d		Agenda#
NAME <u>Claudia</u> ADDRESS <u>I</u>	PEAKER'S Listapa	CARD (P	STREET	(0)
NAME <u>Claudia</u>	PEAKER'S Listapa	d		03
NAME Claudia ADDRESS 1 Tradialantic CITY ORGANIZATION YOU	Listapa TREPRESENT/	# STATE	STREET 329 (ZIP CODE	03
NAME Claudia ADDRESS 1 Tradialantic CITY ORGANIZATION YOU	Listapa	# STATE	STREET 329 (ZIP CODE	03
NAME Claudia ADDRESS 1 Tradialantic CITY ORGANIZATION YOU	Listapa TREPRESENT/	# STATE	STREET 329 (ZIP CODE	03
NAME Claudia ADDRESS 1 Tradialantic CITY ORGANIZATION YOU SELF Apply	Listapa TREPRESENT/	# STATE	STREET 329 (ZIP CODE	03

0411812019 Date