ADDRESS 1600 ADAMS RO # STREET Cocon. EL. 37.5% CITY STATE ORGANIZATION YOU REPRESENT / SUBJECT / Agenda # £ 2 NAME KANON SUBJECT / Agenda# ADDRESS 2890 AND UNDERSTAND THE BACK OF THIS CARD. ORGANIZATION YOU REPRESENT / SUBJECT / Agenda # £ 5 ORGANIZATION YOU REPRESENT / SUBJECT / Agenda # £ 5 ORGANIZATION YOU REPRESENT /	SPEAKER'S CARD (Please Print) Agenda#
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I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE

SPEAKER'S CARD (Please Print) NAME DAMA SUSHE ADDRESS BLO Allerdale St. STREET ORGANIZATION YOU REPRESENT; SUBJECT / Agenda # E 21 SUBJECT / Agenda # E 21 SEMENT / SEMENT;	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 LET SPEAKER'S CARD (Please Print) NAME LET SELECT / Agenda # 5 SUBJECT / Agenda # 5 SUB
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SPEAKER'S CARD (Please Print) Agenda# 6 NAME Janine Stiby ADDRESS 108 W Bay by STREET COCOA BEACH FL 3A93/ CITY ORGANIZATION YOU REPRESENT / SELP SUBJECT / Agenda # Fire safes in Snug Harlan	I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. Signature	NAME Dathon Studies ADDRESS Sto Allendale St. STREET THUSTILLE CITY ORGANIZATION YOU REPRESENT / SELF SUBJECT / Agenda # EDS SUBJECT / AGENDA #	
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I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

SPEAKER'S CARD (Please Print) Agenda# G NAME Matthew Meeker ADDRESS 3 5 5 Atlantic Ave Unit 703 # STREET Cocag Beach Fl 3293 ORGANIZATION YOU REPRESENT / SELF SUBJECT / Agenda # South Coco a Beach Five Protection	SPEAKER'S CARD (Please Print) NAME THE SONNE SONNE STREET ADDRESS 274 E FAN HALLE STREET ORGANIZATION YOU REPRESENT / SELF ROCKON PARTIEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. Signature Signature Signature Signature Signature Signature Date
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NAME FOR ORGANIZATION YOU REPRESENT / Brevard Country Dental Society ADDRESS_ SUBJECT / Agenda # PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE SUBJECT / Agenda # ORGANIZATION YOU REPRESENT / NAME ADDRESS /2 / ISLAND /5, CITY JOHN NILAND SPEAKER'S CARD (Please Print) SPEAKER'S CARD (Please Print) Agenda# COM IN FLT) Signature STATE 3293 ZIP CODE STREET ZIP CODE

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