



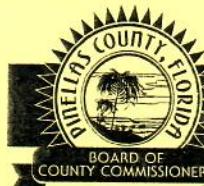
# CITIZEN COMMENT CARD

## The Board of County Commissioners values your participation

Please fill out this card if you wish to speak or record your sentiment regarding an agenda item or general topic. Individuals wishing to speak may do so for up to three minutes when called to the lectern.

<input type="checkbox"/> Citizens to be Heard	Pre Registered
<input checked="" type="checkbox"/> Agenda Item	
Agenda date:	3/25/2025
Agenda item number (NOT case number):	16
Speaking:	
For <input checked="" type="checkbox"/> Against <input type="checkbox"/> Undecided <input type="checkbox"/>	
Waive speaking:	
In Support <input type="checkbox"/> Against <input type="checkbox"/>	
(The Chairman will read this information into the record.)	
Topic:	
Name:	Howayda Affan
Address:	719 Central Ave.
City:	St. Petersburg
Zip:	33701
Email:	

Please refer to the *Pinellas County Commission Public Participation & Decorum Rules* for details.  
Visit Pinellas County online at [Pinellas.gov](http://Pinellas.gov)



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Waive speaking: <input type="checkbox"/> In Support <input type="checkbox"/> Against (The Chairman will read this information into the record.)
Topic: <u>TAC- CLEFWATER MARINA</u>
Name: <u>Daniel Slaughter</u>
Address: <u>400 Cleveland St #600</u>
City: <u>Clearwater</u> Zip: <u>33755</u>
Email: <u>Daniel.Slaughter@myclearwater.com</u>

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For <input type="checkbox"/> Against <input type="checkbox"/> Undecided <input checked="" type="checkbox"/>	
Waive speaking:	
In Support <input type="checkbox"/> Against <input type="checkbox"/> (The Chairman will read this information into the record.)	
Topic: _____	
Name: <u>Susan Castleman</u>	
Address: <u>74472 Drew Oak Dr</u>	
City: <u>Seminole</u> Zip: <u>33772</u>	
Email: _____	

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<input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Undecided	
Waive speaking:	
<input type="checkbox"/> In Support <input type="checkbox"/> Against	
(The Chairman will read this information into the record.)	
Topic: _____	
Name: <u>Terry Marks</u>	
Address: <u>100 2nd Ave. N.</u>	
<u>Suite 300</u>	
City: <u>St. Petersburg</u> Zip: <u>33701</u>	
Email: _____	

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Agenda item number (NOT case number): <u>16</u>
Speaking: <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Undecided
Waive speaking: <input type="checkbox"/> In Support <input type="checkbox"/> Against (The Chairman will read this information into the record.)
Topic: <u>Art Center FUNDING</u>
Name: <u>Bill HARVARD</u>
Address: <u>838 Montenay Blvd NW</u>
City: <u>St. Pete</u> Zip: <u>33704</u>
Email: <u>lharvard@gmail.com</u>

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