



# PUBLIC HEARING 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 a public hearing item.

### Public Hearing Item:

- Individual (3 minutes)  
 Group Speaker (see additional details on the back of this card)

Agenda date: \_\_\_\_\_

Agenda item number (NOT case number): 32

### Speaking:

For  Against  Undecided

### Waive speaking:

In Support  Against

(The Chairman will read this information into the record.)

Name: Robert Warren

Address: 1016 Royal Bankdale Dr

City: Tampa Springs Zip: 34686

Email: Bobcypress@aol.com

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

## Public Hearings

Representatives of groups consisting of 5 or more individuals who are present during the public hearing may speak on behalf of the group for up to 10 minutes at the Chairman's discretion. To do so, the individuals must have waived their time to the representative by providing their information below.

### GROUP SPEAKER LIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



# PUBLIC HEARING 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 a public hearing item.

**Public Hearing Item:**

Individual (3 minutes)

Group Speaker (see additional details on the back of this card)

---

Agenda date: 1.25.12

Agenda item number (NOT case number): 32

**Speaking:**

For  Against  Undecided   
*Applicant*

**Waive speaking:**

In Support  Against   
 (The Chairman will read this information into the record.)

Name: Cynthia Tarapani

Address: 120 E. Tarpon Avenue

---

City: Tarpon Springs Zip: 34689

Email: C. tarapani @ tarapani planning. com

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

Pinellas County complies with the Americans with Disabilities Act. To obtain accessible formats of this document, please call V/TDD (727) 464-4062.  
 Funding for this document was provided by the Marketing and Communications Department.  
 500 copies were printed at a cost of \$12.25 or \$0.025 each. 7/16

## Public Hearings

Representatives of groups consisting of 5 or more individuals who are present during the public hearing may speak on behalf of the group for up to 10 minutes at the Chairman's discretion. To do so, the individuals must have waived their time to the representative by providing their information below.

### GROUP SPEAKER LIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



# PUBLIC HEARING 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 a public hearing item.

**Public Hearing Item:**

Individual (3 minutes)

Group Speaker (see additional details on the back of this card)

---

Agenda date: 1/25/22

Agenda item number (NOT case number): 32

Speaking:

For  Against  Undecided

Waive speaking: Applicant

In Support  Against

*(The Chairman will read this information into the record.)*

Name: Katie Cole

Address: 600 Cleveland Street  
Suite 800

City: Clearwater Zip: 33755

Email: katie.cole@hwtlaw.com

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

## Public Hearings

Representatives of groups consisting of 5 or more individuals who are present during the public hearing may speak on behalf of the group for up to 10 minutes at the Chairman's discretion. To do so, the individuals must have waived their time to the representative by providing their information below.

### GROUP SPEAKER LIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



27-32 - 7th ✓

# PUBLIC HEARING 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 a public hearing item.

### Public Hearing Item:

- Individual (3 minutes)
- Group Speaker (see additional details on the back of this card)

Agenda date: 1/25/1

Agenda item number (NOT case number): 32

### Speaking:

For  Against  Undecided

### Waive speaking:

In Support  Against

*(The Chairman will read this information into the record.)*

Name: JUDITH DORDAN

Address: 641 TURNBERRY CT

City: TAMPA SPRING FL Zip: 34688

Email: JUDID641@gmail.com

Please refer to the *Pinellas County Commission Public Participation & Decorum Rules* for details.

Visit Pinellas County online at [www.pinellascounty.org](http://www.pinellascounty.org)

## Public Hearings

Representatives of groups consisting of 5 or more individuals who are present during the public hearing may speak on behalf of the group for up to 10 minutes at the Chairman's discretion. To do so, the individuals must have waived their time to the representative by providing their information below.

### GROUP SPEAKER LIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_