



PUBLIC HEARING COMMENT CARD

applicant

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: 12/15/2020

Agenda item number (NOT case number): 44

Speaking:

For Against Undecided

Waive speaking:

In Support Against

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

Name: Rick Stett

Address: _____

City: _____ Zip: _____

Email: _____

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

Applied

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Public Hearing Item:

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

Agenda date: 12/15/20

Agenda item number (NOT case number): 44

Speaking:

For Against Undecided

Waive speaking:

In Support Against

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

Name: Jordan Hidalgo JPH

Address: _____

City: _____ Zip: _____

Email: _____

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Email: _____

Name: _____

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City: _____

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Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

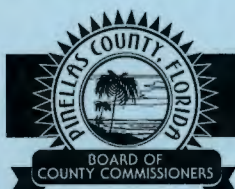
Name: _____

Address: _____

City: _____

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Agenda date: 12/15/2000

Agenda item number (NOT case number): 44

Speaking:

For Against Undecided

Waive speaking:

In Support Against

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

Name: Amber Scavone

Address: 448 24th St N.

St. Petersburg

City: " " Zip: 33713

Email: scavoneamber@yahoo

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Email: _____

Name: _____

Address: _____

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Email: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____