



# 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: 10/26/2021

Agenda item number (NOT case number): 29

Speaking: Applicant

For  Against  Undecided

**Waive speaking:**

In Support  Against

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

Name: ABDEL ALICHALOUF

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

City: Clearwater Zip: 33762

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

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: \_\_\_\_\_