

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.

☐ Citizens to be Heard Agenda Item
Agenda date: 8/3//7
Agenda item number (NOT case number):
Speaking:
For X Against ☐ Undecided ☐
Waive speaking:
In Support Against
(The Chairman will read this information into the record.)
Topic: School Health NU(SIS
Name: Deborah Shafer Address: 11601 Uth St / 19203
Address: 11601 4th St / 192203
city: St Pavershurg zip: 53716
Email:

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☐ Citizens to be Heard☐ Agenda Item☐
Agenda date: 8/3/17
Agenda item number (NOT case number):
Speaking:
Waive speaking:
In Support ☑ Against □
(The Chairman will read this information into the record.)
Topic: School NUNSES
Name: Tricia bates
Address: Ra Char / Carent
1005 Spanish Daks Dr.
city Palm Harry Pain Hoo
Email: MC1abrates 2 @
hotmail.com

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☐ Citizens to be Heard
Agenda Item
Agenda date: 8/3/17
Agenda item number (NOT case number):
Speaking:
For Against Undecided U
Waive speaking:
In Support ⚠ Against ☐
(The Chairman will read this information into the record.)
Topic: 5chool Nurses
Name: Lozi Matway
Address: 301 4m 5T 5W
city: <u>Largo</u> <u>zip</u> : 3770
city: Largo zip: 3770 Email: Matway a pashog

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☐ Citizens to be Heard ☐ Agenda Item
Agenda date: 8 317
Agenda item number (NOT case number):
Speaking: For ☐ Against ☐ Undecided ☐
Waive speaking:
In Support
(The Chairman will read this information into the record.)
Topic: School nurse
Name: Doma Siahan
Address: 301 4555W
City:
Email: Sichunde prospury

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☐ Citizens to be Heard ☑ Agenda Item
Agenda date: \[\forall /3/17 \]
Agenda item number (NOT case number):/
Speaking:
For 🖳 Against 🗆 Undecided 🗅
Waive speaking:
In Support ☐ Against ☐
(The Chairman will read this information into the record.)
Topic: The Practis Co. Kindy Proposic
Topic: The Process Co. Liversky Proposice Name: RC DAVIS
Address: 57 3 3 50. So
City:
Email:

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