

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: 7/(3/2)
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.)
Name: Britin Aungst Robert Pergoliter
Address: Clearner St.
City:zip:
Email: BEAW macfor Com

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:



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: <u>July 13, 2021</u>
Agenda item number (NOT case number): 4
Speaking:
For Against Undecided U
APPU CANT Waive speaking:
In Support ☐ Against ☐
(The Chairman will read this information into the record.)
Name: MICHAEL YATES
Address: PACM TRAFFIC
400 N. Tampa ST, 15# F1
City: TAMPA zip: 33602
Email: MYATES@PALMTRAFFIC.COM

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:



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: 7/13/2021
Agenda item number (NOT case number):
Speaking:
For Against Undecided
Waive speaking:  In Support Against (The Chairman will read this information into the record.)
Name: Toylor woods
Address: 479 Robin avenue
City: Palm Harbor Zip: 39683
Email: Toylor voods 954@ gmail.com

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:



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: 7/13/21
Agenda item number (NOT case number): 41
Speaking:
For Against Undecided Undecided
Waive speaking:
In Support Against (The Chairman will read this information into the record.)
Name: Angela Mathews  Address: 12002 telecom Drive
Address: 12602 telecom Drive
City: Tampa zip: 33637
Email: ammathews adrhorton. com

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.

CPOLID SDEAKED LIST

anour 3FL	AREN EIST
Name:	
Address:	
City:	
State:	Zip:
Email:	
Name:	
Address:	
City:	
State:	Zip:
Email:	
Name:	
Name:	
Name:	
Name:	
Name:Address:City:	
Name: Address: City: State:	
Name: Address: City: State: Email:	Zip:
Name: Address: City: State: Email:	Zip:
Name: Address: City: State: Email: Name:	Zip: