

Please complete this form if you wish to speak on a proposition before the Board or wish to designate a representative to speak on your behalf.

Meeting Date:			-	
Name:				
Fitle:				
Address:				
City:	State:		Zip:	
Email Address:				
Representing:				
1. I wish to speak on the fo	llowing matte	r(s):		
Agenda Item/ Proposition	(s):			
I SUPPORT	OPPOSE		nformatior	י Only
2. I am designating the follo	wing person t	o spea	k on my b	ehalf:

Please submit this form to barbara.walker@citizensfla.com or call 850-445-9645.