

REQUEST TO SPEAK CARD

TOURIST DEVELOPMENT COUNCIL

Please print and complete:

NAME: Stanley Scott DATE: _____

ADDRESS: P.O. Box 2672, 32203 PHONE: 404-719-7188

REPRESENTING: AAERTF

1: PUBLIC HEARING BILL NUMBER: _____

I SUPPORT _____ (or) I OPPOSE _____ THIS LEGISLATION

2. COMMENTS FROM THE PUBLIC SUBJECT: _____

**SPEAKING TIME IS LIMITED
NO SPEAKER MAY GIVE OR TRANSFER HIS/HER TIME TO ANOTHER PERSON**

(Please read the reverse side for instructions on speaking)

REQUEST TO SPEAK CARD

TOURIST DEVELOPMENT COUNCIL

Please print and complete:

NAME: Alex Alston DATE: 6/25/18

ADDRESS: 300 A. Phillip Randolph Hwy PHONE: 234-2584

REPRESENTING: SMC

1: PUBLIC HEARING BILL NUMBER: _____

I SUPPORT _____ (or) I OPPOSE _____ THIS LEGISLATION

2. COMMENTS FROM THE PUBLIC SUBJECT: Grant Funding
Special Events

**SPEAKING TIME IS LIMITED
NO SPEAKER MAY GIVE OR TRANSFER HIS/HER TIME TO ANOTHER PERSON**

(Please read the reverse side for instructions on speaking)