

REQUEST TO SPEAK CARD

TOURIST DEVELOPMENT COUNCIL

Please print and complete:

NAME: Stanley Scott DATE: 10/19/2018

ADDRESS: P.O. Box 2672 PHONE: 404 719 7188

REPRESENTING: ADERTT

1: PUBLIC HEARING BILL NUMBER: _____

I SUPPORT _____ (or) I OPPOSE _____ THIS LEGISLATION

2. COMMENTS FROM THE PUBLIC SUBJECT: _____

Visit Tax

**SPEAKING TIME IS LIMITED (SEE REVERSE FOR TIME LIMITATIONS)
NO SPEAKER MAY GIVE OR TRANSFER HIS/HER TIME TO ANOTHER PERSON**

(Please read the reverse side for instructions on speaking)