



BOARD APPEARANCE REQUEST

This form shall be used for requesting appearances before the Orange County Board of County Commissioners.

Note: Appearances are limited to three minutes; however, the Presiding Officer may decrease the allotment of time to speak depending on the number of speakers.

Today's Date: 02/16/2024	Requested Board Date:
Speaker Name: Christopher Mathieson	Phone: (917) 696-3997
Address: 3501, S. Westmoreland drive Orlando, FL 32805	Email: christopher.mathieson@gmail.com
Previous Contact with Orange County Staff (If Any) Regarding This Matter (Name/Department): commissioner Scott,s office, Public Works Dept, BCc	
Submitted By: christopher J mathieson	
Subject: Enhancement of pedestrian infrastructure on 37th street btwn Nashville & OBT.	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at public comment? No	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. No	
Para mayor información en español, por favor llame al (407) 836-3111.	
Attachments: IMG_3963_2-16-2024 12-28-56 PM.jpeg IMG_3961_2-16-2024 12-28-56 PM.png IMG_3962_2-16-2024 12-28-56 PM.png IMG_3960_2-16-2024 12-28-56 PM.png IMG_3958_2-16-2024 12-28-56 PM.png	

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407-836-2899

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TODAY'S DATE: 2.20.24	REQUESTED BOARD DATE: 2/20/24
NAME: Pamela Nabors	PHONE (optional): 407-492-7554
ADDRESS: 9348 Shadow Pkwy Ct	EMAIL (optional): pnabors@careersourcecf.com
CITY, STATE & ZIP: Orlando, FL 32825	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): LaVon Williams	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Career Source Central Florida partnership level up Orange program	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Para mayor información en español, por favor llame al (407) 836-3111.	

SIGNATURE:

Pamela Nabors

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TODAY'S DATE: 2/20/24	REQUESTED BOARD DATE: 2/20/24
NAME: Em Roy	PHONE (optional):
ADDRESS: 37 Albion Ave	EMAIL (optional): Eroy823@gmail.com
CITY, STATE & ZIP: Orlando, FL 32833	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): Mayor Deming, Commissioner Bonilla, Commissioner Cordero	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Medical Debt - Covid	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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SIGNATURE:

A handwritten signature in blue ink, appearing to read "Em Roy".

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TODAY'S DATE: 2-20-24	REQUESTED BOARD DATE: 2-20-24
NAME: ROSINA McVICKER	PHONE (optional):
ADDRESS: 1723 Lockwood Ave CITY, STATE & ZIP: Orlando FL 32812	EMAIL (optional):
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): DAVE SUMMERS OCAS	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): OCAS New Shelter	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <u>X</u>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <u>X</u>	
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SIGNATURE: 

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TODAY'S DATE: 2/20/24	REQUESTED BOARD DATE: 2/20/24
NAME: Terri Falbo	PHONE (optional):
ADDRESS: 1038 Windswept CT	EMAIL (optional):
CITY, STATE & ZIP: Ocoee, FL 34761	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT):	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Medical Debt Relief	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes ___ No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes ___ No <input checked="" type="checkbox"/>	
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SIGNATURE: Terri Falbo

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TODAY'S DATE: 02/20/2024	REQUESTED BOARD DATE: 2/20
NAME: Angela Locarno	PHONE (optional): 407-414-9398
ADDRESS: 151 N Orlando Ave Apt 240	EMAIL (optional):
CITY, STATE & ZIP: Winter Park, FL, 32789	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): other meetings, public comment	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS):	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <input checked="" type="checkbox"/>	
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SIGNATURE:

A handwritten signature in blue ink, appearing to read "Angela Locarno", written over a horizontal line.

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TODAY'S DATE: 2/20/24	REQUESTED BOARD DATE: 2/23/24
NAME: Ashe Heart	PHONE (optional):
ADDRESS: 2520 Lake Debra dr	EMAIL (optional):
CITY, STATE & ZIP: Orlando FL 32835	asheemberheart43023@gmail.com
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT):	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS):	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <input checked="" type="checkbox"/>	
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TODAY'S DATE: 2/20	REQUESTED BOARD DATE: 2/20
NAME: Tara Felten	PHONE (optional): 993-938-6601
ADDRESS: 1638 N Bunkie Ave	EMAIL (optional):
CITY, STATE & ZIP: Orlando, FL 32803	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): other meetings + public comment	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): _____	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <u>X</u>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <u>X</u>	
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SIGNATURE: Tara Felten

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TODAY'S DATE: 02-20-2024	REQUESTED BOARD DATE: 02-20-2024
NAME: Frank Rivera	PHONE (optional):
ADDRESS: 3328 Harmony Place	EMAIL (optional):
CITY, STATE & ZIP: Kissimmee FL 34758	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): no	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Medical Dep Debt Relief	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <u>X</u>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <u>X</u>	
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SIGNATURE:

Frank Rivera

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TODAY'S DATE: February 20, 2024	REQUESTED BOARD DATE: Feb 20, 2024
NAME: Erida Gomez-Tegeda	PHONE (optional):
ADDRESS: 4778 Alwood Drive	EMAIL (optional):
CITY, STATE & ZIP: Orlando FL 32819	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): Yes / Public Speaking	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Michael Dicht	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <input checked="" type="checkbox"/>	
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SIGNATURE:

Erida Gomez-Tegeda

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TODAY'S DATE: 02/20/24	REQUESTED BOARD DATE:
NAME: Jenna Ferreira	PHONE (optional):
ADDRESS: 885 N Orange	EMAIL (optional):
CITY, STATE & ZIP: Orlando FL 32801	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): state and local fiscal recovery funds allocation to medical debt	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS):	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes _____ No <input checked="" type="checkbox"/>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes _____ No <input checked="" type="checkbox"/>	
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TODAY'S DATE: 4/20/24	REQUESTED BOARD DATE: 4/20/24
NAME: Sam Delgado	PHONE (optional):
ADDRESS: 605 E Concora St	EMAIL (optional): samuel@CFSWJ.org
CITY, STATE & ZIP: Orlando FL 32803	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): county admin's, commissioners Bonilla, Krite, Gomez (order)	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): ARPA SLFR funds to medical debt	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes ___ No <u>X</u>	
Please indicate if you have a translator and need additional time to allow for translation in order to provide public comment. Yes ___ No <u>X</u>	
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TODAY'S DATE: 2/20	REQUESTED BOARD DATE: 2/20
NAME: Michelle Suarez	PHONE (optional):
ADDRESS: 3162 little sand Dr CITY, STATE & ZIP: Orlando, FL 32829	EMAIL (optional):
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): gave public comment on this matter	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS):	
Have you received or been promised any compensation or anything else of value, including money or gifts, related to the topic you are appearing and speaking about at today's public comment? Yes ____ No <u>X</u>	
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B O A R D O F C O U N T Y C O M M I S S I O N E R S
P U B L I C H E A R I N G S I G N - I N S H E E T
T U E S D A Y , F E B R U A R Y 2 0 , 2 0 2 4

ALL APPLICANTS, AGENTS FOR AN APPLICANT, CONSULTANTS, ATTORNEYS, AND COURT REPORTERS
MUST REGISTER PRIOR TO THEIR PUBLIC HEARING

SUBJECT/ ISSUE TO BE ADDRESSED	NAME	FIRM/ REPRESENTING	MAILING ADDRESS & PHONE NUMBER
CDR-23-01-015	STEPHEN ALLEN	CIVIL CORP ENGINEERING	630 N WYMOIRE RD, STE 30 MAITLAND, FL
CDR-23-06-197	Kendell Keith	Oak Hill Planning	3674 Lower Park Rd. Orlando, FL 32814 407-865-4554
CDR 23-12-345	Scott Gentry	KCG	1700 N. Orange Ave Orlando, FL 32804