

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 (3) minutes.

Today's Date: 02/05/2018	Requested Board Date: 02/06/2018
Speaker Name: David Bottomley	Phone: (407) 719-9186
Address: 305 Woodbury Pines Circle Orlando, FL 32828	Email: michamocha18@yahoo.com
Previous Contact with Orange County Staff Regarding This Matter (Name/Department): Jim Harrison	
Submitted By: David Bottomley	
Subject: 311, Streetlights, Pedestrian Facilities	
Attachments:	

Deliver To:
Agenda Development Office
County Administration Bldg. 3rd Floor,
201 S. Rosalind Ave.
Orlando, FL 32801

Or Mail To:
Agenda Development
P.O. Box 1393
Orlando, FL 32802-1393

Or FAX:
407-836-2899

FOR OFFICE USE ONLY
SCHEDULED DATE:
SCHEDULED TIME:
DISTRIBUTION:


PLEASE NOTE: Florida has a very broad public records law (F.S. 119). This document is a public record and may be disclosed to the public and media at any time.

BOARD APPEARANCE REQUEST



THIS FORM SHALL BE USED FOR REQUESTING APPEARANCES BEFORE THE ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS (PLEASE PRINT LEGIBLY)

[Note: Appearances are limited to three (3) minutes]

TODAY'S DATE: 2/6/2018	REQUESTED BOARD DATE:
NAME: Bertina Busch	PHONE (optional): 407-291-3589
ADDRESS: 6012 Ocean Ln.	EMAIL (optional): bertina@buschandcompany.com
CITY, STATE & ZIP: 32808	
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT): 	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Liquor Ordinance	

SIGNATURE:

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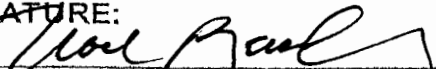
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TODAY'S DATE: 2-6-18	REQUESTED BOARD DATE: 2-6-18
NAME: NOEL BUSCH	PHONE (optional): 407-758-9572
ADDRESS: 6012 BEALL LANE CITY, STATE & ZIP: 32808	EMAIL (optional):
PREVIOUS CONTACT WITH ORANGE COUNTY STAFF REGARDING THIS MATTER (NAME/DEPARTMENT):	
SUBJECT (ATTACH ANY RELEVANT BACKGROUND MATERIALS): Liquor	

SIGNATURE: 

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Orange County Public Hearing

NOTICE OF INTENT TO SPEAK
AT PUBLIC HEARING

1

Public Hearing Date: 2017 2A12 2-6-18

Public Hearing #: _____

Name: Sandra Carris

Address: HC 68 Box 67R

City: Mimbres, State: NM

Zip Code: 88049

E-mail Address: _____

Subject To Be Addressed: _____

☐ FOR ☐ AGAINST ☒ INFORMATION