

# INDIVIDUAL SPEAKER

## Citizen Comment Card

PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agenda item to which you wish to speak: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your position on the item? For \_\_\_\_ Against \_\_\_\_

City Resident Yes \_\_\_\_ No \_\_\_\_

City Land Owner or Business Owner? Yes \_\_\_\_ No \_\_\_\_

*\* Please retain this portion \**

## LARGO CITY COMMISSION SPEAKER'S PROTOCOL

### City Commission

#### Meeting Procedures:

1. Staff Presentations
2. Public Input
3. City Commission Questions
4. Motion to approve/disapprove or adopt/deny
5. City Commission Discussion
6. Vote

### Speakers Shall Not:

- \* Engage in loud and disruptive speech
- \* Use profanity or obscenity
- \* Use words likely to cause a fight
- \* Engage in commercial speech
- \* Engage in personal attacks



# GROUP SPEAKER

## Citizen Comment Card

Per City Commission policy, representatives of a group may speak for three minutes plus an additional minute for each person in the audience who waives their right to speak, up to a maximum of ten minutes.

Please have each member of the group in attendance sign and print their name on the reverse side of this card.

PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agenda item to which you wish to speak: \_\_\_\_\_

What is your position on the item? For \_\_\_\_ Against \_\_\_\_

City Resident Yes \_\_\_\_ No \_\_\_\_

City Land Owner or Business Owner? Yes \_\_\_\_ No \_\_\_\_

*\* Please retain this portion \**

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- \* Use words likely to cause a fight
- \* Engage in commercial speech
- \* Engage in personal attacks



# GROUP SPEAKER LIST

We the undersigned waive our right to speak and designate:

\_\_\_\_\_

as our spokesperson on the subject agenda item.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

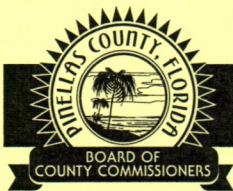
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_







# CITIZEN COMMENT CARD

## The Board of County Commissioners values your participation

Please fill out this card if you wish to speak or record your sentiment regarding an agenda item or general topic. Individuals wishing to speak may do so for up to three minutes when called to the lectern.

☐ Citizens to be Heard

☐ Agenda Item

Agenda date: \_\_\_\_\_

Agenda item number (NOT case number): \_\_\_\_\_

Speaking:

For ☐      Against ☐      Undecided ☐

Waive speaking:

In Support ☐      Against ☐

*(The Chairman will read this information into the record.)*

Topic: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

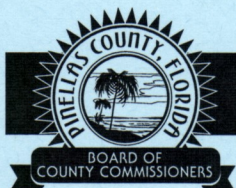
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Please refer to the *Pinellas County Commission***

***Public Participation & Decorum Rules* for details.**

**Visit Pinellas County online at [www.pinellascounty.org](http://www.pinellascounty.org)**



# PUBLIC HEARING COMMENT CARD

## The Board of County Commissioners values your participation

Please fill out this card if you wish to speak or record  
your sentiment regarding a public hearing item.

### Public Hearing Item:

- ☐ **Individual** (3 minutes)
- ☐ **Group Speaker** (see additional details on the back of this card)

**Agenda date:** \_\_\_\_\_

**Agenda item number** (*NOT case number*): \_\_\_\_\_

### Speaking:

For ☐      Against ☐      Undecided ☐

### Waive speaking:

In Support ☐      Against ☐

(*The Chairman will read this information into the record.*)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please refer to the *Pinellas County Commission  
Public Participation & Decorum Rules* for details.**

**Visit Pinellas County online at [www.pinellascounty.org](http://www.pinellascounty.org)**

Pinellas County complies with the Americans with Disabilities Act. To obtain accessible  
formats of this document, please call V/TDD (727) 464-4062.

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## Public Hearings

Representatives of groups consisting of 5 or more individuals who are present during the public hearing may speak on behalf of the group for up to 10 minutes at the Chairman's discretion. To do so, the individuals must have waived their time to the representative by providing their information below.

### GROUP SPEAKER LIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



# PUBLIC COMMENT CARD

## Pinellas Suncoast Transit Authority values your participation

Please fill out this card if you wish to speak or record your sentiment regarding an agenda item or general topic.

<input type="checkbox"/> Public Comment Section	<input type="checkbox"/> Individual (3 minutes)
<input type="checkbox"/> Agenda Item	<input type="checkbox"/> Group Speaker (see back for details)

Agenda date: \_\_\_\_\_

Agenda item number: \_\_\_\_\_

Speaking:

For ☐      Against ☐      Undecided ☐

Waive Speaking:

In Support ☐      Against ☐

(The Chairperson will read this information into the record)

Topic: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please refer to the PSTA Board's Rules and Regulations for details. Visit online at [www.psta.net](http://www.psta.net)



# GROUP SPEAKER

A group can designate a spokesperson by completing this form and presenting it to PSTA staff. The spokesperson can then speak on behalf of the group, addressing the Board for three minutes for each member of the group present in the audience who waives his/her right to speak, up to a maximum of 10 minutes.

GROUP SPEAKER LIST	
Name:	_____
Address:	_____
City:	_____ Zip: _____
Email:	_____
Phone:	_____

GROUP SPEAKER LIST	
Name:	_____
Address:	_____
City:	_____ Zip: _____
Email:	_____
Phone:	_____

GROUP SPEAKER LIST	
Name:	_____
Address:	_____
City:	_____ Zip: _____
Email:	_____
Phone:	_____