



Sp	eaker Request Card	Number	S	Speaker Request Card	
Name:			Name:		Number
Address:			Address:		
City:	State:	Zip:		State:	
Phone:	Email:		Phone:	Email:	
Representing (Self, Agency, Other):			Representing (Self, Agency, Other):		
Note: Please limit comments to three minutes to allow time for all participants to speak FDOT solicits public participation without regard to race, color, national origin, age, sex, religion, disability, or family status. People who require special accommodations under the Americans with Disabilities Act or who require translation services (free of charge) should contact Cynthia Sykes, District One Title VI Coordinator, at (863) 519-2287 or e-mail at Cynthia.Sykes@dot.state.fl.us.			Note: Please limit comments to three minutes to allow time for all participants to speak FDOT solicits public participation without regard to race, color, national origin, age, sex, religion, disability, or family status. People who require special accommodations under the Americans with Disabilities Act or who require translation services (free of charge) should contact Cynthia Sykes, District One Title VI Coordinator, at (863) 519-2287 or e-mail at Cynthia.Sykes@dot.state.fl.us.		
FDOT FPID: Public Hearing Date				ct Name c Hearing Date	
Speaker Request Card			Speaker Request Card		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Email:		Phone:	Email:	
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