



### Speaker Request Card

To be completed prior to making a recorded statement

Number

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

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

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

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

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.*



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