

REQUEST TO SPEAK BOARD OF ADJUSTMENTS AND PLANNING COMMISSION DESOTO COUNTY, FLORIDA

PLEASE PRINT LEGIBLY

Meeting Date:	17	125	
Agenda Item: (identify num	/ ber on the age	nda) & # 7	4
Your Name: (name of speake	er) The	rosa Cullins	4.7)
Address: 1423	SE CI	R 768A	
Please check applicable box:			
SUPPORT		OPPOSED	UNDECIDED
Public comments restricted t	o 5 minutes pe	r person.	

Evidence and testimony presented during public hearings shall be under oath.



REQUEST TO SPEAK **BOARD OF ADJUSTMENTS AND** PLANNING COMMISSION DESOTO COUNTY, FLORIDA

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Meeting Date: $10-7$	-2025	
Agenda Item: (identify number on	the agenda) Rezonetia	Residental lot
Your Name: (name of speaker)	Heidi Kamser	1
Address: 12385 St	D Lexigton PL	An Cadra F1 34269
Please check applicable box:		
SUPPORT	OPPOSED	UNDECIDED
Dublic comments most intend to 5 min		

Public comments restricted to 5 minutes per person.

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Meeting Date:	10/7/	20				
Agenda Item: (identi	/		da) <i>Coc</i>	le Ch	MXOCS	
Your Name: (name o	f speaker)	KER	NY GA	LT		
Address:	6227	5. W	sm.th	A	a eadia	34266
Please check applicat						
SUPPORT			OPPOSEI)		UNDECIDED
Public comments rest	tricted to 5 m	inutes per	person.			

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