MAJORY STONEMAN DOUGLAS COMMISSION APPEARANCE RECORD

Please complete and submit this form. Public comments may be limited based on the time necessary for Commission deliberation on the formal agenda. As a reminder, comments can also be provided at http://www.fdle.state.fl.us/MSDHS/Home.

First Name:				
Last Name:				
Title:				
Address:				
City:				
State:				
Zip Code:				
Phone Number:				
Meeting Date:				
AGENDA ITEM YOU WANT TO DISCUSS – PLEASE PRINT:				
Are you a relative of a victim of the MSDHS tragedy?	Yes	No		
Are you a student?	Yes	No		
Are you a vendor or do you have a business interest in the	work of the Co	mmission? Yes	No	
If YES, please provide the name of your business:				
Briefly describe the services provided by your business:				