



NOTICE OF INTENT TO BE AN AFFECTED PARTY

AFFECTED PERSON INFORMATION

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

APPLICATION INFORMATION

Case No or Application No., whichever applies: _____

Applicant's Name: _____

Signature of Affected Person

Date

Note: One or more Elected or Appointed Officials may be in attendance. Any person who decides to appeal any decision of the Board of Commissioners with respect to any matter considered at this meeting will need a record of the proceedings and for such purposes may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. The law does not require the City to transcribe verbatim minutes; therefore, the applicant must make the necessary arrangements with a private reporter or private reporting firm and bear the resulting expense. In accordance with the Americans with Disability Act and F.S. 286.26; any person with a disability requiring reasonable accommodation in order to participate in this meeting should call 727-391-9951 or fax a written request to 727-399-1131.

PROOF	1	SIZE	8.5in x 11.0in
BLEEDS NO	SWATCHES	Process Cyan Process Magenta Process Yellow Process Black	