



## SPEAKER SIGN IN SHEET

**Public Hearing:** Citizens Property Insurance Corporation  
**Date/Time:** August 25, 2015 @ 9:00a.m.  
**Location:** Senate Office Building, Room 401, Florida State Capitol,  
Tallahassee, FL 32399

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

**County of Residence:** \_\_\_\_\_

**Are you a Citizens Policyholder?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Organization/Affiliation (If Applicable):**  
\_\_\_\_\_

**Check One: Which type of testimony do you wish to provide?**

- Oral testimony during the public hearing (time permitting) \_\_\_\_\_
- Written testimony (note comments below): \_\_\_\_\_

Written Testimony Comments:

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