## Comment Card Zoning and Platting Commission

Agonda Item #

If Yes, To whom?





Your Information may be subject to the Open Records Request.

Name (Please PRINT)

Agenua item #.	
Please indicate your position on this item:	Days
FOR the request	DAIO
☐ AGAINST the request	Address (Optiona
NEUTRAL / UNDECIDED	
None of Above: Citizens Communication	
Do you wish to speak on this item?	
YES	Phone (Optional)
□ NO	Thomas (opinional)
If No, Do you wish to donate your time?	
YES	

DAN GERMAIN
Address (Optional)

Date 4-5-16