

Comment Card

NOTICE



PLANNING COMMISSION

Your Information may be subject to the Open Records Request.

Agenda Item #: C (5)

Name (Please PRINT)

JANE HAYMAN

Address (Optional)

1410 WOOLDRIDGE

Phone (Optional)

REZONING

Date

Please indicate your position on this item:

- ☐ FOR the request
☒ AGAINST the request
☐ NEUTRAL / UNDECIDED
☐ None of Above: Citizens Communication

Do you wish to speak on this item?

- ☒ YES
☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☐ NO

If Yes, To whom?