

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

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?

Name (Please PRINT)

Kelly Weiss

Address (Optional)

Phone (Optional)

Date

6/21/2016

## Comment Card

Zoning and Platting  
Commission

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Agenda Item #: C1

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☐ 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?

Name (Please PRINT)

CLIFF PRICE, M.D.

Address (Optional)

4200 Jackson Ave

Austin, TX 78731

Phone (Optional)

(512) 386-3622

Date

6/21/16

# Comment Card

Zoning and Platting  
Commission

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Agenda Item #: C-7

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- ☐ 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?

Name (Please PRINT)

Address (Optional)

Phone (Optional)

Date

Robert Swearingen

6/21/16



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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Janice Bennett*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Jenna Oltersdorf*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Melina Hansen*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Dorothy Watson*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Barbara Brown*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Cissy Stewart*

Address (Optional)

Phone (Optional)

Date



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- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Dana Routheaux*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Thomas Turner*

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

*Nancy Carlson*

Address (Optional)

Phone (Optional)

Date

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\*\*\*NOTICE\*\*\*



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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Address (Optional)

Phone (Optional)

Date

Nancy Johnston

## Comment Card

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Address (Optional)

Phone (Optional)

Date

Kelly Mounger

## Comment Card

\*\*\*NOTICE\*\*\*



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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Address (Optional)

Phone (Optional)

Date

Alex Urbina



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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom? Brian Williams

Name (Please PRINT)

Ann Marie Harrison

Address (Optional)

Phone (Optional)

Date

6.21.2016

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Heath Steward

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

McKenna Watson

Address (Optional)

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom? Ben Throver

Name (Please PRINT)

Neslie Cook

Address (Optional)

Phone (Optional)

Date

6/21/14

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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? Jeff Howard

Name (Please PRINT)

Maurine Atwood

Address (Optional)

Phone (Optional)

Date

6/21/14

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Alyssa Martin

Address (Optional)

Phone (Optional)

Date

6/21/14



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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Cynthia Leach

Address (Optional)

4200 Jackson Ave, #4009

Austin, TX 78731

Phone (Optional)

(512) 659-9943

Date

6/21/16

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

MICHAEL C. HOCK

Address (Optional)

5310 MUSKET RIDGE

AUSTIN 78759

Phone (Optional)

(512) 328-2008

Date

6/21/16

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Ron Thawer

Name (Please PRINT)

Beth Turner

Address (Optional)

Phone (Optional)

Date

6/21/16



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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Kymberlee Izquierdo

Address (Optional)

Phone (Optional)

Date

6/21/2016

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Catherine Bacon

Address (Optional)

Phone (Optional)

Date

6/21/2016

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Bill McLean

Address (Optional)

Phone (Optional)

Date

6/21/16



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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

JOSHUA BROWN

Address (Optional)

Phone (Optional)

Date

6/21/16

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Judy Yhu

Address (Optional)

Phone (Optional)

Date

6/21/2016

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Leslie Keyser

Address (Optional)

Phone (Optional)

Date

6-21-16



## Comment Card

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Agenda Item #: C1

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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?

Name (Please PRINT)

RED SIFF

Address (Optional)

604 W. 11 TH ST.

AUSTIN, TX 78701

Phone (Optional)

512-657-5414

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

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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?

Name (Please PRINT)

Patrick Hudson

Address (Optional)

Phone (Optional)

Date

6/21/16

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

caroline Simon

Address (Optional)

Phone (Optional)

Date

6/21/16



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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?

Name (Please PRINT)

Andrew Mayer

Address (Optional)

7300 Fireoak Dr, Austin TX

78759

Phone (Optional)

512-983-3458

Date

6/21/16

## Comment Card

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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?

Name (Please PRINT)

Hannah Frankel

Address (Optional)

710 Gault St. #111

Austin, TX 78757

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

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Agenda Item #: C-1

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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? Robert Spearinger

Name (Please PRINT)

Nancy Satterfield

Address (Optional)

Phone (Optional)

Date

6/21/16

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- ☒ YES  
☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Niran Babalola

Address (Optional)

Phone (Optional)

Date

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☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Miriam A. Mustetier

Address (Optional)

2801 W. 50th St

A, TX 78731

Phone (Optional)

Date

6-21-16

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- ☒ YES  
☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Sam meeker

Address (Optional)

Phone (Optional)

Date

6-21-16



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☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

William Mueller

Address (Optional)

Phone (Optional)

Date

6.21.2012

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☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Martha Fiedler

Address (Optional)

4502 Jackson Ave # 5016

Austin, TX 78731

Phone (Optional)

512-374-0066

Date

6-21-2016

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Zoning and Platting  
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- ☒ YES  
☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Evan Gilk

Address (Optional)

1714 Dartmouth Street

Austin TX 78757

Phone (Optional)

Date

6/21

## Comment Card

Zoning and Platting  
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Agenda Item #: \_\_\_\_\_

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- ☒ 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?

Name (Please PRINT)

Michael Gorse

Address (Optional)

1510 W N Loop #126

Austin TX 78756

Phone (Optional)

Date

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: CL

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?

Name (Please PRINT)

Helen Spear

Address (Optional)

4200 Jackson Avenue Apt 5005

Austin TX 78731

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: CL

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?

Name (Please PRINT)

Lisa Marie Confield

Address (Optional)

2800 W 45th Street

Austin TX 78731

Phone (Optional)

Date

512-784 5111

6/21/16



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

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? Roger Caivin

Name (Please PRINT)

James Schwerdtfeger

Address (Optional)

Phone (Optional)

Date

6/22/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C-1

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? Roger Caivin

Name (Please PRINT)

Adam MacLean

Address (Optional)

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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?

Name (Please PRINT)

ANDREW CRUEL

Address (Optional)

5312 TOWER TRAIL

AUSTIN, TX 78723

Phone (Optional)

512-300-1512

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

Name (Please PRINT)

Jill Locy

Address (Optional)

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?

Phone (Optional)

512-6946308

Date

6.19.16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

Name (Please PRINT)

Roger L. Carvin

Address (Optional)

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?

Phone (Optional)

Date

June 21, 2016



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

Name (Please PRINT)

LIZA Wimberley

Address (Optional)

4810 SHOAL CREEK  
78756

Phone (Optional)

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?

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: \_\_\_\_\_

Name (Please PRINT)

TINA BARRETT

Address (Optional)

4700 Hilwin 78756

Phone (Optional)

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?

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

Name (Please PRINT)

Ryan Nill

Address (Optional)

7910 Cant St  
#111

Phone (Optional)

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?



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

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?

Name (Please PRINT)

Natalie Gauldin

Address (Optional)

5015 Shoal Creek Blvd

Phone (Optional)

Date

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: \_\_\_\_\_

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?

Name (Please PRINT)

Frank Herren

Address (Optional)

Phone (Optional)

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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?

Name (Please PRINT)

Mitchell, Mollie

Address (Optional)

Ridgelea

Phone (Optional)

Date



## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: 1  
Please indicate your position on this item:

Name (Please PRINT)

Jason Meeker

Address (Optional)

Phone (Optional)

Date

6-24-16

- ☒ 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?

Timothy Bray

## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: 1  
Please indicate your position on this item:

Name (Please PRINT)

Timothy Bray

Address (Optional)

3601 Willow Springs Rd. #104

Austin, TX, 78704

Phone (Optional)

512-744-367

Date

6/21

- ☒ 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?

## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: 61  
Please indicate your position on this item:

Name (Please PRINT)

TOM WALD

Address (Optional)

4016 MAPLEWOOD AVE

AUSTIN TX 78722

Phone (Optional)

512-203-7626

Date

6/21/16

- ☒ 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? NATALIE GAUDLIN

## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: C1

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? Jeff Howard

Name (Please PRINT)

PABLO RUIZ

Address (Optional)

4200 JACKSON AVE #4009

Phone (Optional)

(512)  
844-8965

Date

6/21/16

## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: C.1

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?

Name (Please PRINT)

Jeff Howard

Address (Optional)

jhoward@mcleanhowardlaw.com

Phone (Optional)

Date

6/21/2016

## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: C1

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? Jeff Howard

Name (Please PRINT)

Hester White

Address (Optional)

Phone (Optional)

Date

6.21.2016



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

Name (Please PRINT)

Carol Lilly

Address (Optional)

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?

Phone (Optional)

512-626-7728

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

Name (Please PRINT)

Suzanne C. Price

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?

Address (Optional)

4200 Jackson Ave

Apt 5028 Austin, TX

Phone (Optional)

(512) 266-3622

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

Name (Please PRINT)

KAREN Meschke

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?

CAROL  
Lilly

Address (Optional)

Phone (Optional)

Date

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

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?

Name (Please PRINT)

Mateo Barnstone

Address (Optional)

3915 Threadwell

Austin TX 78723

Phone (Optional)

512 632 2873

Date

7/21

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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?

Kelly Weiss

Name (Please PRINT)

Carol Williams

Address (Optional)

4200 Jackson

Phone (Optional)

512-479-0495

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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?

Name (Please PRINT)

Mateo Barnstone

Address (Optional)

Phone (Optional)

Date

6/21/16



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Kelly Weiss

Name (Please PRINT)

Kate Morton

Address (Optional)

Phone (Optional)

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Kelly Weiss

Name (Please PRINT)

LEB FOUNDER

Address (Optional)

6103-B SHADOW VALLEY DR.

Phone (Optional)

AUSTIN 78731

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Kelly Weiss

Name (Please PRINT)

Nancy Bell

Address (Optional)

Phone (Optional)

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

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? Kelly Weiss

Name (Please PRINT)

JOHN SLACUM

Address (Optional)

4100 JACKSON AVE

AUSTIN

Phone (Optional)

512 924 5110

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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?

Name (Please PRINT)

Kelly Weiss

Address (Optional)

Phone (Optional)

Date

6-21-16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: \_\_\_\_\_

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?

Name (Please PRINT)

A.J. Welch

Address (Optional)

Phone (Optional)

Date

Garrett Ron  
Martin Thayer



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1  
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? Garrett Martin

Name (Please PRINT)

Mary F. Brooks

Address (Optional)

4200 Jackson Ave #4014

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1  
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?

Name (Please PRINT)

Ron Thrower

Address (Optional)

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1  
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?

Name (Please PRINT)

ROB HARRIS

Address (Optional)

Phone (Optional)

Date

Ron Thrower



# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? BRIAN WILLIAMS

Name (Please PRINT)

Richard Rycklik

Address (Optional)

Phone (Optional)

Date

6/21/16

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Brian Williams

Name (Please PRINT)

Chelsea Hickey

Address (Optional)

Phone (Optional)

Date

6/21/16

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: 1

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? Todd Shaw

Name (Please PRINT)

Kerry Edwards

Address (Optional)

4407 Bellvue Ave.

Phone (Optional)

Date

6/21/2016



# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Brian Williams

Name (Please PRINT)

Austin Seifert

Address (Optional)

Phone (Optional)

Date

6/21/2016

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Brian Williams

Name (Please PRINT)

Nathan Kelly

Address (Optional)

4505 Duval St. Austin, Tx 78751

Phone (Optional)

Date

June 21, 2016

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Brian Williams

Name (Please PRINT)

Karl Henson

Address (Optional)

Phone (Optional)

Date

6.21.2016



# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? BRIAN WILLIAMS

Name (Please PRINT)

ROBBIE BEAL

Address (Optional)

4100 JACKSON AVE #142

AUSTIN TX 78731

Phone (Optional)

Date

6-21-16

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Robert Deegen

Name (Please PRINT)

Caitlin Admire

Address (Optional)

221 E 6th St.

Phone (Optional)

Date

6/21/16

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

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Agenda Item #: C1

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?

Name (Please PRINT)

Brian Williams

Address (Optional)

Phone (Optional)

Date

6/21/16

5



# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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?

Robert Deegan

Name (Please PRINT)

Seth Mearig

Address (Optional)

Phone (Optional)

Date

6/21/2016

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

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Agenda Item #: C1

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?

Robert + Deegan

Name (Please PRINT)

Katie Sewell

Address (Optional)

Phone (Optional)

Date

6/21/16

# Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: \_\_\_\_\_

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?

Robert Deegan

Name (Please PRINT)

Olivia Pitt-Perez

Address (Optional)

Phone (Optional)

Date

6/21/16



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C1

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? Garret Martin

Name (Please PRINT)

BJ Andrews

Address (Optional)

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C.1

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? Garrett Martin

Name (Please PRINT)

CHRIS RAWLS

Address (Optional)

3201 DUVAL RD APT 1139, AUSTIN, TX 78759

Phone (Optional)

(512) 680-1563

Date

6/21/2016

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

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Agenda Item #: C1

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?

Name (Please PRINT)

Robert Deegan

Address (Optional)

Phone (Optional)

Date

6/21/16



## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



3

Agenda Item #: C1

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?

Name (Please PRINT)

Garrett Martin

Address (Optional)

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

Your Information may be subject to the Open Records Request.



Agenda Item #: C-01

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?

Jeff Howard

Name (Please PRINT)

Laci Ehlers

Address (Optional)

Phone (Optional)

Date

6/21/16

## Comment Card

Zoning and Platting  
Commission

\*\*\*NOTICE\*\*\*

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Agenda Item #: C1

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?

Garrett Martin

Name (Please PRINT)

Jack Loey

Address (Optional)

Phone (Optional)

Date

512 4581001