

Comment Card

NOTICE



Zoning and Platting
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: 3
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)

Bill Puryear

Address (Optional)

11503 N. Oaks Dr.

Austin Tx

Phone (Optional)

512-627-4546

Date

2 Aug 16

Comment Card

NOTICE



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- NO

If Yes, To whom?

Name (Please PRINT)

Justine Martone

Address (Optional)

11503 No Oaks Dr.

Austin TX 78753

Phone (Optional)

512 663-0845

Date

8-2-16

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- YES
- NO

If Yes, To whom?

Name (Please PRINT)

BRYAN POYSER

Address (Optional)

11705 SPRING HILL DR

AUSTIN TX 78753

Phone (Optional)

512 507 5197

Date

8/2/16

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Agenda Item #: 3

Name (Please PRINT)

HAROLD VON ROSENBERG

Address (Optional)

1302 July DRIVE AUSTIN, TX 78753

Phone (Optional)

Date

8/2/2016

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Agenda Item #: 3

Name (Please PRINT)

MICHAEL O'DONOVAN

Address (Optional)

11911 N OAKS DR

Phone (Optional)

Date

2016-08-02

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- YES
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- YES
- NO

If Yes, To whom? *VANESSA MATOCHA*

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Agenda Item #: 3

Name (Please PRINT)

Susan von Rosenberg

Address (Optional)

1302 July

Austin 78753

Phone (Optional)

Date

8-2-16

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Agenda Item #: 3

Name (Please PRINT)

Erwin D Kelley

Address (Optional)

11503 Trinity Hill Dr
Austin 78753

Phone (Optional)

Date

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Name (Please PRINT)

Faith Kelley

Address (Optional)

11503 Trinity Hill Dr
Austin TX 78753

Phone (Optional)

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Name (Please PRINT)

Sara Appleton

Address (Optional)

11001 Springhill Dr.

Phone (Optional)

Date

8/2/16

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If No, Do you wish to donate your time?

- YES
- NO

If Yes, To whom?

Name (Please PRINT)

Lester Johnson

Address (Optional)

11403 June Dr Austin

Phone (Optional)

Date

8/2/14

Comment Card

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- YES
- NO

If Yes, To whom?

V. Mafache

Name (Please PRINT)

Lester Johnson

Address (Optional)

11403 June Dr, Austin

Phone (Optional)

Date

8/2/16

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If Yes, To whom?

Name (Please PRINT)

KIM HOBAN

Address (Optional)

1705 Spring Hill Dr.
Austin, TX 78753

Phone (Optional)

281-660-7707

Date

08/02/16