

COMMENT FORM

*****PLEASE PRINT CLEARLY*****

- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY
- Limit Comments to 3 MINUTES.
- Give to the Clerk in Chambers prior to the meeting.



Date of Meeting _____

Item Number From Agenda _____

NAME: _____

ADDRESS: Street: _____

City, State, Zip: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

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