



PUBLIC HEARING COMMENTS

AGENDA ITEM: _____

DATE: _____

It is important that the information provided be complete and legible for the record.

DO YOU WISH TO SPEAK? **YES** **NO**

IN FAVOR **IN OPPOSITION** **NEUTRAL**

I wish to assign my allotted three (3) minutes speaking time to _____, who will speak on my behalf.

(A maximum of 10 minutes will be allotted to any speaker or as found appropriate by the Council Chair.)

NAME (please print): _____

ADDRESS: _____

COMMENTS:

Please limit your written comments to space provided above.

Signature _____