



# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works DATE 10-30-19  
 SUBJECT/ADDRESS/TOPIC F - 35 AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Mary LANG FOLLINGER YOUR ADDRESS 1206 Sherman Ave  
 Please check the appropriate boxes: In favor of resolution if

<input type="checkbox"/> <b>SUPPORT</b>  <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> <b>OPPOSE</b>  <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b>  <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself?  Yes  No

*If you answered "no," STOP; you need not complete the rest of this form.*

*If you answered "yes," go on to the next questions on the back side of this form.*