



# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_

SUBJECT/ADDRESS/TOPIC \_\_\_\_\_ AGENDA ITEM NO. 5

YOUR NAME Bill Whitford YOUR ADDRESS 1047 Sherman Ave

Please check the appropriate boxes:

<input checked="" type="checkbox"/> <b>SUPPORT</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>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	<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.*