

COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE <u>BPW</u>	DATE <u>3/2/16</u>
SUBJECT/ADDRESS/TOPIC <u>Blair St Gardens</u>	AGENDA ITEM NO. <u>12</u>

YOUR NAME Ellen Henningsen YOUR ADDRESS 717 Orton Ct

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <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"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.*