



# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE PWB DATE 3/16/16  
SUBJECT/ADDRESS/TOPIC WEST 254 ST. Closure AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME JOE SCHUCHARDT YOUR ADDRESS 300 S BEDFORD ST.

Please check the appropriate boxes:

<input checked="" 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 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.