



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works DATE 3/21/18
SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. 7

YOUR NAME Mary Lynn Loune YOUR ADDRESS 700 Glenview Dr

Please check the appropriate boxes:

SUPPORT

Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

OPPOSE

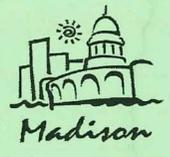
Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

NEITHER SUPPORT NOR OPPOSE

Wish to speak (3 min. limit)
 Do not wish to speak
 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.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 2/7/18
SUBJECT/ADDRESS/TOPIC Proj. # 11183 Street Reconstruction Project AGENDA ITEM NO. 7

YOUR NAME Lynn Zeckel YOUR ADDRESS 703 Emerson St.

Please check the appropriate boxes:

SUPPORT

Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

OPPOSE

Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

NEITHER SUPPORT NOR OPPOSE

Wish to speak (3 min. limit)
 Do not wish to speak
 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.**