AGENDA ITEM NO. 9 SU	BJECT/ADDRESS/TOPIC	16 W WIL	SON	
YOUR NAME KEYIN B	UROW DA	TE 4-22-1	9	
YOUR ADDRESS 7601 UNI	V. AVE			
Please check the appropriate boxes:				
⊠ Support	□ Oppose	☐ Neither Suppo	ort Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	h to speak	
☐ Available to answer questions	☐ Available to answer question	ns	☐ Available to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you and	swered "yes," go on to th	es	
Name, address and telephone number of each KNOTHE + BRUCE		presenting:		
Are you being paid for your representation?		<b>₽</b> Ye	es 🚨 No	
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)				
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Date 4-22-19 Signature Knill				

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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AGENDA ITEM NO. 9 SUBJECT	ADDRESS/TOPIC 66 (	32 ( Wys		
YOUR NAME RANGY BOUCE	DATE	1/2/1g		
YOUR ADDRESS / 1601 UNIVE	PSITY ME.			
Please check the appropriate boxes:				
Support 🗅 Opp	ose $\square$ No	either Support Nor Oppose		
Wish to speak (3 min. limit) U	sh to speak (3 min. limit)	Wish to speak (3 min. limit)		
☐ Do not wish to speak ☐ Do	not wish to speak	Do not wish to speak		
Available to answer questions Av	ailable to answer questions	Available to answer questions		
At this meeting are you representing an organ (If you answered "no," STOP; you need not complete	ization or a person other than you the rest of this form. If you answered "y	urself: Yes No yes," go on to the next questions.)		
Name, address and telephone number of each person				
Are you being paid for your representation?		Yes No		
Are you appearing as part of your other paid duties for (If you answered "no" to both these questions, STOP. If you answered "yes," please continue.)	this person or organization? You need not complete the rest of this for	Gorm. Yes No		
Are you an elected official or employee who is appear for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You ne that you must sign this form. If you answered "no" to	ed not complete the rest of this form exc	Cept S.)		
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AGENDA ITEM NO. 9 SUI	BJECT/ADDRESS/TOPIC 616-6	32 West Wilson Street		
YOUR NAME Ald, Mile	Vernes DATE_			
YOUR ADDRESS 614 West	Doty Street, #407			
Please check the appropriate boxes:				
<b>S</b> Support	□ Oppose □ 1	Neither Support Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
At this meeting are you representing an organization or a person other than yourself: Yes \(\sigma\) 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.)				
Name, address and telephone number of ea	ich person or organization you are represen	ting:		
Are you being paid for your representation?		¥ Yes □ No		
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of this	Yes No No s form.		
Are you an elected official or employee who i for your municipality or other governmental b (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? • You need not complete the rest of this form e	except ns.)		
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		1 , 1		
AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC,	616-632	- W.	Wilson
YOUR NAME PARY CLIP	21STUNSON	DATE • 4	. 22.	19
YOUR ADDRESS 702 N.	HIGH POINT	160-1/4	DISUN	
Please check the appropriate boxes:	V			
Support	☐ Oppose	□ Neither S	Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit	it) 🔲 Wish	to speak (	3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to	speak
Available to answer questions	☐ Available to answer quest	tions 🗖 Avail	able to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				☐ No xt questions.)
Name, address and telephone number of ea				
And the second second second	Company of the second sector of			
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization s, STOP. You need not complete the	1? rest of this form.	☐ Yes	□ No
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? • You need not complete the rest of	this form except	☐ Yes	. □ No
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Date 4.22.	Signature			
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AGENDA ITEM NO. 9 SU	BJECT/ADDRESS/TOPIC	616-632 h	O. Wilson	
YOUR NAME DOUD D	remond DAT	E 4-22-1	9	
YOUR ADDRESS 702	N. High fait 1	22. Mas	2000	
Please check the appropriate boxes:				
Support	□ Oppose	☐ Neither Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)	
🛮 Do not wish to speak	☐ Do not wish to speak	☐ Do not wish t	o speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not			☐ No next questions.)	
Name, address and telephone number of ea	ach person or organization you are repi	resenting:		
Are you being paid for your representation?		☐ Yes	□ No	
Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)				
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC _	Wilson		
YOUR NAME BRUCE B.	or BEN	DATE 4-22-	19	
YOUR ADDRESS 1741 C	unizacije pre			
Please check the appropriate boxes:				
□ Support	□ Oppose	☐ Neither Suppo	rt Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	it) Wish to spe	ak (3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	to speak	
☐ Available to answer questions	☐ Available to answer ques	tions	Available to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not				
Name, address and telephone number of ea	ach person or organization you ar	e representing:		
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