AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC 30, WORTH SC
YOUR NAME DICHOURS ZABEL DATE OUZI /2019
YOUR ADDRESS 262 HALLMARK WAY, MANGEL, SUN PEATER
Please check the appropriate boxes:
Support
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: \(\sigma\) 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 each person or organization you are representing:
Are you being paid for your representation?
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. 12 SU	BJECT/ADDRESS/TOPIC DEXTE	RS PUR	3	
YOUR NAME JEFF DAVID	DATE	4.22.	19	
YOUR ADDRESS 16 N. CANALI	oust.			
Please check the appropriate boxes:				
Support	□ Oppose □	Neither	Support N	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
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16 N. CARREN IT.	deposit and the second process.			
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Date _ · y b b , i ·	The state of the s			

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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	JBJECT/ADDRESS/	TOPIC NM		
YOUR NAME RICK Ways	1e	DATE_	ZZ Apr Ze	019
YOUR ADDRESS 2627 E	= Johnson	Madison	53704	
Please check the appropriate boxes:				
☑ Support	□ Oppose		Neither Support N	or Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3	3 min. limit)	☐ Wish to speak (	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to s	speak	☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to ans	swer questions	☐ Available to ans	swer questions
At this meeting are you representing (If you answered "no," STOP; you need no.  Name, address and telephone number of o	t complete the rest of this j	form. If you answered	d "yes," go on to the nex	□ No xt questions.)
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AGENDA ITEM NO. 55022 SUI	BJECT/ADDRESS/TOPIC	Dexters	
YOUR NAME Nate Prant	CC DATE	4/22/19	
YOUR ADDRESS 2554 (	Ipham St.	1	
Please check the appropriate boxes:			
□ Support [	□ Oppose □	Neither Support N	or Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
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Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	tuties for this person or organization?  S., STOP. You need not complete the rest of the	☐ Yes his form.	No No
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Date 4/2/19 S	Signature		

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#12

AGENDA ITEM NO. 55022 SU	BJECT/ADDRESS	S/TOPIC	xters	
YOUR NAME Stefanie	Varles;	DATE		
YOUR ADDRESS 322	North	St.		
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		☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to an	nswer questions	☐ Available to ar	nswer questions
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Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)			☐ Yes nis form.	No
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11/22/10	Signature St.	f-U-1		

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YOUR ADDRESS 322	North st		
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☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
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