

# COMMENT FORM



**\*\*\*PLEASE PRINT CLEARLY\*\*\***

- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY
- Limit Comments to 3 MINUTES.
- Give to the Clerk in Chambers prior to the meeting.

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Date of Meeting \_\_\_\_\_

Item Number From Agenda \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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