

Please **print** and submit to city staff prior to start of meeting.

CHECK HERE IF YOU DO NOT WISH TO SPEAK

HEARING DATE: 7-16-2020

Check which applies:
 I support this application
 I oppose this application
 I have questions

APPLICATION NO.: _____

NAME: MARIE Scillieri

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

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HEARING DATE: 7/16/2020

Check which applies:
 I support this application
 I oppose this application
 I have questions

APPLICATION NO.: ZON19-17

NAME: Cindy Meyer + Phil Corey

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]

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HEARING DATE: 7/16/2020

Check which applies:

APPLICATION NO.: MGPA20-01

I support this application
 I oppose this application
 I have questions

NAME: Cindy Mayer & Phillip Corey

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]

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HEARING DATE: 7/16/20

Check which applies:

APPLICATION NO.: 2019-17

I support this application
 I oppose this application
 I have questions

NAME: Rick Tannehill

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]

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HEARING DATE: 7/16/20

Check which applies:

APPLICATION NO.: _____

I support this application
 I oppose this application
 I have questions

NAME: FRED BEYER

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: _____

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WANTED TO SPEAK

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HEARING DATE: 7/16

Check which applies:

APPLICATION NO.: MDGA20-01

I support this application

I oppose this application

I have questions

NAME: Rick Tannahill

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]

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WANTED TO SPEAK

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HEARING DATE: 7/16/2020

Check which applies:

APPLICATION NO.: Glen Lakes MGPA 20-01

I support this application

I oppose this application

I have questions

NAME: Fred Bennett

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]

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HEARING DATE: 7-16-2020

Check which applies:

APPLICATION NO.: Glen Lakes 647 MGPA 20-01 2019-17

I support this application

I oppose this application

I have questions

NAME: STELLA GREAZZO

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]