



## Public Comment

# Planning Commission Meeting

### Please:

- Sign in below, print clearly and complete all information requested.
- Be seated near the front of the room, respond promptly when called.

### Speaking Instructions:

- Speakers have four (4) minutes to address the Planning Commission and comments must pertain to the agenda item.
- When called to speak, sit at the podium desk and speak clearly and directly into the microphone.
- State your name, if you are a resident, and your relationship to the item.
- Direct your comments to the Planning Commission Chairperson.
- Be respectful – disruptive behavior may result in you being asked to leave the meeting.
- If your comments are the same as a previous speaker, acknowledge your agreement with those comments rather than repeating testimony.
- Commission generally reserves the right to not respond directly to your questions when you propose them. Commission and/or Staff may try to answer questions at the end of all public comment, or a Staff member may follow up with you later in the meeting.
- Special items to present to the Commission (handouts) need to be given to the Recording Secretary or Staff to be distributed to the Commissioners.
- All presentation items need to be given to Development Services staff 24 hours prior to the meeting.

Name:	Please Specify:		Agenda Item:
<i>Greg Brown</i>	<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident	<input checked="" type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<i>Elroy</i> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Business Owner <input type="checkbox"/> Project Applicant	<input type="checkbox"/> Support <input type="checkbox"/> Oppose