

HEARING DATE: xx/xx/20xx HEARING TIME: 4:00 P.M.
Plan Commission
GROUP RESPONSE
PUBLIC HEARING COMMENT SHEET
(Case Number)

GROUP REPRESENTATIVE _____

ADDRESS _____

CITY/STATE/ZIP _____

(PLEASE PRINT CLEARLY)

Are you in favor of or in opposition to this agenda item? Favor _____ Oppose _____

Comments: _____



NAME (PRINT CLEARLY)	ADDRESS	CITY/STATE/ZIP	SIGNATURE
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