



## SPEAKER'S CARD - PUBLIC HEARING

DATE: \_\_\_\_\_

PETITION NUMBER: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SPEAKING FOR THE PETITIONER (15 MINUTES) \_\_\_\_\_

SPEAKING AS INDIVIDUAL (5 MINUTES) \_\_\_\_\_

SPEAKING FOR A GROUP (10 MINUTES) \_\_\_\_\_

PLEASE INDICATE NAME OF GROUP: \_\_\_\_\_

(Please check one)

PETITIONER: \_\_\_ IN FAVOR: \_\_\_ IN OPPOSITION: \_\_\_ NEUTRAL: \_\_\_

Please return completed form to: [mmadden@chesterfield.mo.us](mailto:mmadden@chesterfield.mo.us) no later than 4:00p.m. on the day of the meeting.