



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 no later than 4:00p.m. on the day of the meeting.