

SPEAKER'S CARD - PUBLIC COMMENT

(Time limit is 3 minutes)

| DATE: | | | |
|--|--|----------------|-----------|
| PROJECT NAME: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| | | | |
| TELEPHONE: | | | |
| SPEAKING IS TO BE LIMITED TO 3 MINUTES | | | |
| (Please check one | ······································ | | |
| PETITIONER: | IN FAVOR | IN OPPOSITION: | NEUTRAI · |

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