

Comment Card

NOTICE



ZONING AND PLATTING COMMISSION Your Information may be subject to the Open Records Request

Agenda Item #: 4
Please indicate your position on this item:
☒ FOR the request
☐ AGAINST the request
☐ NEUTRAL / UNDECIDED
☐ None of Above: Citizens Communication
Do you wish to speak on this item?
☒ YES
☐ NO
If No, Do you wish to donate your time?
☐ YES
☐ NO
If Yes, To whom?

Name (Please PRINT)

Megan Lasch

Address (Optional)

421 W 3rd St Austin Tx

Phone (Optional)

830330 0762

Date

5-19-16

Comment Card

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☐ None of Above: Citizens Communication
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☒ YES
☐ NO
If No, Do you wish to donate your time?
☒ YES
☐ NO
If Yes, To whom?

Name (Please PRINT)

Ron Cawm

Address (Optional)

12501 TECH RIDGE 1316

Austin Tx 78753

Phone (Optional)

Date

5/17/16

Megan Lasch
or Dave
Anderson

Comment Card

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Do you wish to speak on this item?
☐ YES
☒ NO UNLESS NEEDED for question
If No, Do you wish to donate your time?
☒ YES
☐ NO
If Yes, To whom?

Name (Please PRINT)

STEVE DRENNER

Address (Optional)

Phone (Optional)

Date

5.17.16

MEGAN LASCH

Comment Card

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- ☒ YES
☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Irias Ortiz Musante

Address (Optional)

Austin Tx

Phone (Optional)

Date

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- ☒ YES
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If No, Do you wish to donate your time?

- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Mr. Musante

Address (Optional)

Austin Tx

Phone (Optional)

Date

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If No, Do you wish to donate your time?

- ☐ YES
☒ NO

If Yes, To whom?

Name (Please PRINT)

TREY GAMBLE

Address (Optional)

Phone (Optional)

Date

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☐ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom? Dave Anderson or Megan Lasch

Name (Please PRINT)

Jasdeep Sarda

Address (Optional)

500 Bowery Trail

Austin, Tx 78753

Phone (Optional)

512-638-0682

Date

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- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Mary Anne Condon

Address (Optional)

Austin

Phone (Optional)

Date

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- ☐ YES
☒ NO

If Yes, To whom?

Name (Please PRINT)

Edward R Coleman

Address (Optional)

Austin

Phone (Optional)

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☒ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom? ANYONE SPEAKING
FOR

Name (Please PRINT)

MICHAEL N. CASIAS

Address (Optional)

2115 RIVERVIEW

AUSTIN TX 78702

Phone (Optional)

512-705-6368

Date

5-19-16

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- ☐ YES
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If Yes, To whom?

Name (Please PRINT)

JOHN K CONDON

Address (Optional)

Austin TX

Phone (Optional)

512 924 0005

Date

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- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Jeanne Taterico

Address (Optional)

13404 Caballero Cv

Austin TX 78727

Phone (Optional)

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- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Susan Watkins

Address (Optional)

5303 Dry Wells Rd

Austin TX 78749

Phone (Optional)

Date

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If Yes, To whom?

Name (Please PRINT)

DAVID ANDERSON

Address (Optional)

Phone (Optional)

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Name (Please PRINT)

Jeff Ralt

Address (Optional)

8401 Horse Mtn Core Austin TX

Phone (Optional)

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☐ NO

If Yes, To whom?

Name (Please PRINT)

Sarah Anderson

Address (Optional)

8004 Havenwood Dr Austin, TX

Phone (Optional)

512-554-4721

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Name (Please PRINT)

MARGO DOVER

Address (Optional)

Phone (Optional)

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Name (Please PRINT)

Mitchell Gibbs

Address (Optional)

Phone (Optional)

Date

5/17/2016