

Comment Card

Zoning and Platting
Commission

NOTICE

Your Information may be subject to the Open Records Request.



Agenda Item #: 2 - Chemin

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? CAROL LEE

Name (Please PRINT)

MICHAEL SCHMIDT

Address (Optional)

6702 W Courtyard Dr

78730

Phone (Optional)

512 497 7030

Date

5/17/16

Comment Card

Zoning and Platting
Commission

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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)

TRAVIS DAVIS

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?

Name (Please PRINT)

Susan Kimbrough

Address (Optional)

Off City Park Rd

Phone (Optional)

Date

5/17/2016

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- ☐ YES
☒ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom?

Linda Bailey
~~MARISA~~

Name (Please PRINT)

Nancy G. Davis

Address (Optional)

5909 Long Court 78130

Phone (Optional)

Date

5/17/2016

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ZONING AND PLATTING
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- ☒ YES
☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☒ NO

If Yes, To whom?

Name (Please PRINT)

Mary McAllister

Address (Optional)

Phone (Optional)

512 369 3849

Date

5/17/2016

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☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☒ NO

If Yes, To whom?

Name (Please PRINT)

LINDA BAILEY

Address (Optional)

78730

Phone (Optional)

512-809-0171

Date

5/17/16

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☐ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom? Linda Bailey

Name (Please PRINT)

Michael Reitzel

Address (Optional)

9305 ALEN LAKE DR

Phone (Optional)

512 338 4172

Date

MAY 17
2016

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- ☐ YES
☒ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom? Linda Bailey

Name (Please PRINT)

Steve Wolford

Address (Optional)

6609 W. Courtyard dr

Phone (Optional)

AUSTIN 78730

Date

5-17-16

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- ☒ YES
☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Marisa Lipscher

Address (Optional)

5903 Long Ct

Phone (Optional)

Date

5/17/2016

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- ☐ YES
☒ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom?

Marisa Lipscher

Name (Please PRINT)

Cheng HANG

Address (Optional)

5910 LONG CT, 78730

Phone (Optional)

Date

5/17/16

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If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom?

Marisa Lipscher

Name (Please PRINT)

Raine Lipscher

Address (Optional)

5903 long ct

Phone (Optional)

Date

Comment Card

NOTICE



Zoning and Platting
Commission

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Agenda Item #: 2 - Champions

Name (Please PRINT)

Sandra Schindel

Address (Optional)

6702 W. Courtyard Dr
78730

Phone (Optional)

Date

5/17/16

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☐ 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? Carol Lee

Comment Card

NOTICE



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Commission

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Agenda Item #: 2

Name (Please PRINT)

Joseph Hang

Address (Optional)

5910 Long Ct
Austin,

Phone (Optional)

Date

512-342-1898

5/17/15

Please indicate your position on this item:

- ☐ FOR the request
☒ AGAINST the request
☐ NEUTRAL / UNDECIDED
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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? Carol Lee

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Agenda Item #: 2

Name (Please PRINT)

TOM PAGE

Address (Optional)

Please indicate your position on this item:

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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?

Carol Lee
~~Marisa Lipscher~~

Phone (Optional)

Date

5/17/16

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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? *Marcus L. P. Sule*

Name (Please PRINT)

Randy L. P. Sule

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? *Carol Lee*

Name (Please PRINT)

Jack Rock

Address (Optional)

Phone (Optional)

Date

5/17/16

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☒ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom? *Carol Lee*

Name (Please PRINT)

Paul Dix Wade

Address (Optional)

Phone (Optional)

Date

May 17, 2016

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- ☒ YES
☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☐ NO

If Yes, To whom?

Name (Please PRINT)

Rachel Collins

Address (Optional)

5911 Long Ct

Austin 78730

Phone (Optional)

512-934-1462

Date

5-16-16

Comment Card

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- ☒ YES
☒ NO

If No, Do you wish to donate your time?

- ☒ YES
☐ NO

If Yes, To whom? Randy Lipschire

Name (Please PRINT)

Ryan Collins

Address (Optional)

5911 Long Ct

Austin TX

Phone (Optional)

512-934-1462

Date

5-16-16

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☐ NO

If No, Do you wish to donate your time?

- ☐ YES
☒ NO

If Yes, To whom?

Name (Please PRINT)

Carol Lee

Address (Optional)

Phone (Optional)

Date

5/17/16