

COMMENT FORM



PLEASE PRINT CLEARLY

- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY
- Limit Comments to 3 MINUTES.
- Give to the Clerk in Chambers prior to the meeting.

Date of Meeting 2.13.17

Item Number From Agenda 3.b.

NAME: MICHAEL C. ROBINSON

ADDRESS: Street: 1120 NW CLUCH ST, TENTH FLOOR

City, State, Zip: PORTLAND, OR 97209-4128

PHONE NUMBER: (503) 727-2264

E-MAIL ADDRESS: MROBINSON@PERKINSOIE.COM

SIGNATURE: M.C. Robinson

COMMENT FORM



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Date of Meeting

2/13/17

Item Number From Agenda

3A

NAME:

GARY SHANER

ADDRESS:

Street: 14995 JOSI CT

City, State, Zip: OREGON CITY

PHONE NUMBER:

503 421-3590

E-MAIL ADDRESS:

shanergh@g.com

SIGNATURE:

[Handwritten Signature]

COMMENT FORM



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Date of Meeting Feb 13 2016

Item Number From Agenda AN-16-0004 / 2C-16-0001

NAME: Kim Krumm

ADDRESS: Street: 14991 JOSI CT

City, State, Zip: OREGON CITY OR 97048

PHONE NUMBER: 503 650 1683

E-MAIL ADDRESS: Krummk@comcast.net

SIGNATURE: [Signature]

COMMENT FORM



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Date of Meeting

2/13/17

Item Number From Agenda

3A

NAME:

CHRIS BORISCH Borisch

ADDRESS:

Street: 15118 OVER DR

City, State, Zip:

OREGON CITY OK 97045

PHONE NUMBER:

503-804-8346

E-MAIL ADDRESS:

CHRIS.BORISCH@MSW.COM

SIGNATURE:

Chris Borisch

COMMENT FORM



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Date of Meeting

2-13-2017

Item Number From Agenda

3A

NAME:

BRYCE BORISCH

ADDRESS:

Street:

15118 OYER DR

City, State, Zip:

OREGON CITY, OR 97045

PHONE NUMBER:

503-913-4076

E-MAIL ADDRESS:

OYER 2003 @ MSN.COM

SIGNATURE:

Bryce C Borisch

COMMENT FORM



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Date of Meeting 2-13-2017

Item Number From Agenda 3A

NAME:

TROY LAVOIE

ADDRESS:

Street: 15114 OYER DR

City, State, Zip: OREGON CITY 97045

PHONE NUMBER:

971 282 2935

E-MAIL ADDRESS:

TROYLAVOIE@GMAIL.COM

SIGNATURE:

Troy Lavoie

COMMENT FORM



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Date of Meeting 2.13.17

Item Number From Agenda 3.a.

NAME:

MICHAEL ROBINSON (APPLICANT'S REPRESENTATIVE)

ADDRESS:

Street: 1120 NW CUCH ST, TENTH FLOOR

City, State, Zip: PORTLAND, OR 97209-4128

PHONE NUMBER:

503-727-2264

E-MAIL ADDRESS:

MRROBINSON@PERKINSOIE.COM

SIGNATURE:

MOR

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Date of Meeting 2-13-17

Item Number From Agenda 3a

NAME: BOB LA SALLE

ADDRESS: Street: 16298 S. OAKTREE TERR.

City, State, Zip: O.C. 97041

PHONE NUMBER: 503-318-2469

E-MAIL ADDRESS: _____

SIGNATURE: Bob LaSalle

COMMENT FORM



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Date of Meeting 2/13/17

Item Number From Agenda 3A

NAME:

Joe Novak

ADDRESS:

Street: 14234 Holcomb Blvd.

City, State, Zip: Oregon City 97045

PHONE NUMBER:

E-MAIL ADDRESS:

NOVAKJOE500@gmail.com

SIGNATURE:

Joe Novak

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Date of Meeting Feb. 13

Item Number From Agenda 3a

NAME:

Barbara Renken

ADDRESS:

Street: 15090 Syc Dr.

City, State, Zip: Oregon City, OR 97045

PHONE NUMBER:

503 222 3941

E-MAIL ADDRESS:

miniflawa@comcast.net

SIGNATURE:

Barbara Renken

COMMENT FORM



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Date of Meeting

2/13/2017

Item Number From Agenda

3a

NAME:

Torey Lam

ADDRESS:

Street:

16285 Bao Road

City, State, Zip:

Oregon City OR 97045

PHONE NUMBER:

808-499-5491

E-MAIL ADDRESS:

torey.lam@live.com

SIGNATURE:

Torey Lam

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Date of Meeting 2/13/17

Item Number From Agenda 3A

NAME:

Mike Zucko

ADDRESS:

Street: _____

City, State, Zip: _____

Oregon City

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SIGNATURE:

Mike Zucko