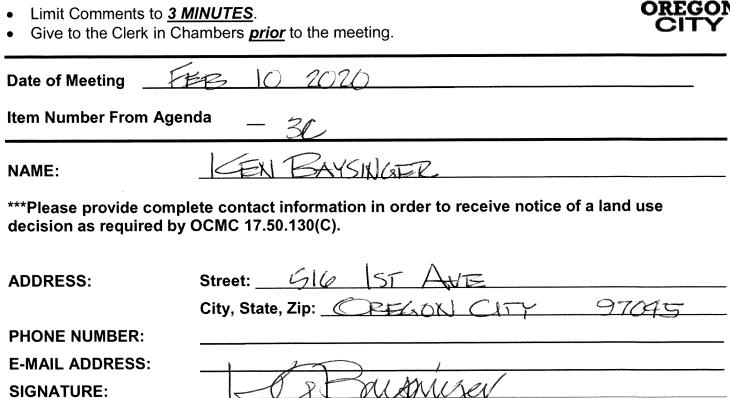
- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY



### \*\*\*PLEASE PRINT CLEARLY\*\*\*

• SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY

<ul><li>Limit Comments to</li><li>Give to the Clerk in</li></ul>	3 MINUTES. Chambers <u>prior</u> to the meeting.	OREGO! CITY
Date of Meeting 2	10/2020	
Item Number From A	genda <u>3</u> ,	
NAME:	Dova Meeley	
	mplete contact information in order to receive noti by OCMC 17.50.130(C).	ce of a land use
ADDRESS:	Street: 1614 Parrish Rd. City, State, Zip: O. C. 97049	
PHONE NUMBER: E-MAIL ADDRESS:	503-407-2178 intstats 10 org mail.com	
SIGNATURE:	Jeony / Histon	

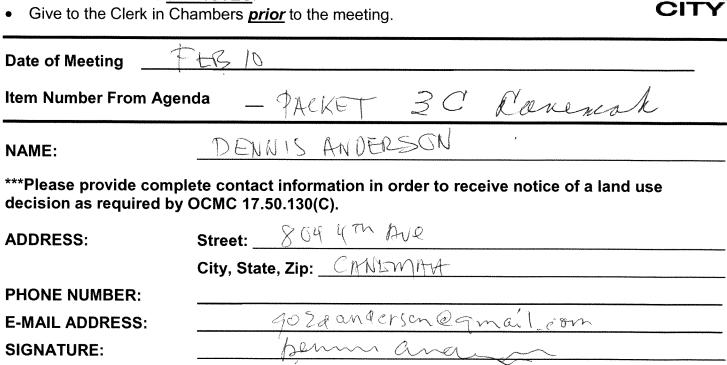
- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY
- Limit Comments to 3 MINUTES.
- Give to the Clerk in Chambers **prior** to the meeting



Civo to the claim of ambore privar to the meeting.			
Date of Meeting	2/10/20		
Item Number From Agenda _ 3 C Cavemah			
NAME:	KAREN Blake		
***Please provide complete contact information in order to receive notice of a land use decision as required by OCMC 17.50.130(C).			
ADDRESS:	Street: 514 4th Ave		
	City, State, Zip:		
PHONE NUMBER:	503-989-8905		
E-MAIL ADDRESS	: blahak è comast NET		
SIGNATURE:	Saren Blaka		

OREGO

- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY
- Limit Comments to 3 MINUTES.



- SPEAK INTO THE MICROPHONE AND STATE YOUR NAME AND RESIDING CITY

Limit Comments to S	3 MINUTES. Chambers <u>prior</u> to the meeting.	OREGON CITY
ate of Meeting	2/10/2020	
em Number From Ag	genda 3- C	
IAME:	Linda Baysingur	
	nplete contact information in order to receive notice of a land uby OCMC 17.50.130(C).	ıse
ADDRESS:	Street: 516 Fils + Ave	
	City, State, Zip: OC OR 970/5	
PHONE NUMBER:	503-502-7968	ĺ
-MAIL ADDRESS:	Teams baysing of Comca	start
SIGNATURE:		

- 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	2/10/2020
Item Number From Ag	genda 3. CASZONAH WETLAND BEETATIVE
NAME:	PROLEDGAR
	uplete contact information in order to receive notice of a land use by OCMC 17.50.130(C).
ADDRESS:	Street:City, State, Zip:
PHONE NUMBER:	
E-MAIL ADDRESS:	
SIGNATURE:	