

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 3/4/20

Item Number From Agenda 6c

NAME: Chris Sweet

***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: OC OR 97045

PHONE NUMBER: _____

E-MAIL ADDRESS: r.chris.sweet@gmail.com

SIGNATURE: R. Chris Sweet

COMMENT FORM



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Date of Meeting 3-4-2020

Item Number From Agenda 6c

NAME: KAREN BLAHA

***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: Oregon City OR 97045

PHONE NUMBER: 503-989-8905

E-MAIL ADDRESS: blahake@comcast.net

SIGNATURE: Karen Blaha

COMMENT FORM



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Date of Meeting

3/4/2020

Item Number From Agenda

— 6.c.

NAME:

Dana Neeley

***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: 11 614 Parrish Road

City, State, Zip: O.C. 97045

PHONE NUMBER:

E-MAIL ADDRESS:

SIGNATURE:

COMMENT FORM



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Date of Meeting

3/4/2020

Item Number From Agenda

— 6C-DC 20-043

NAME:

PAUL EDGAR

***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:

DC

City, State, Zip:

PHONE NUMBER:

E-MAIL ADDRESS:

SIGNATURE: