

# Development Review Board Public Testimony

**\*Required if speaking at a public hearing. Please print legibly.**

\*Public Hearing Item (Resolution/Case File Number/Description):

\_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Business Name (only if testifying as the authorized representative of a business):

\_\_\_\_\_

\*Your Residential Address (in the alternative, the address of the business you are representing at the hearing): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Mailing Address (if different for the above): \_\_\_\_\_

How do you plan to participate in the meeting?

\_\_\_\_\_ IN PERSON          \_\_\_\_\_ VIA ZOOM

If participating via Zoom, please provide the following:

Participation via Telephone:

Please provide telephone number being used to call in: \_\_\_\_\_

Using webcam:

Please provide screen name, if different than above: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\_\_\_\_\_ PROPONENT          \_\_\_\_\_ OPPONENT          \_\_\_\_\_ NEUTRAL

Would you like to receive a copy of the decision for this project?

\_\_\_\_\_ YES          \_\_\_\_\_ NO