

## CITY OF GARDEN CITY

6015 Glenwood Street Garden City, Idaho 83714  
Phone 208/472-2900 Fax 208/472-2996

### PUBLIC HEARING SIGN-UP SHEET

**You must sign up to testify – or submit comments**  
(please place in the basket)

File Number: CUPFY 2023-0012

Date: 10-18-23

**PLEASE PRINT LEGIBLY**

Name: ~~De Ann Butler~~ Douglas Ketter

Physical Address (City & State of residence, not PO Box):

9528 W. L. Howard Dr

Boise ID 83705

E-Mail: douglas.ketter@gmail.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Choose one:** ☒ Support the application ☐ Neutral ☐ Oppose the application

Do you wish to testify? Yes ☐ No ☒

Do you wish to be an interested party? ☒ Yes ☐ No If yes, email: \_\_\_\_\_

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.


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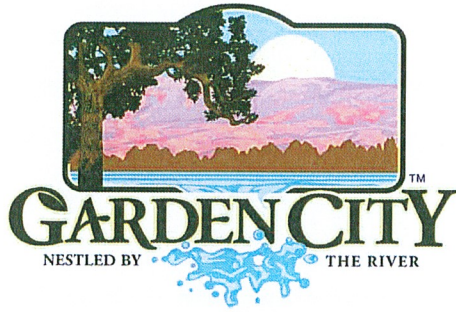
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Written Signature (only if not testifying)



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### PUBLIC HEARING SIGN-UP SHEET

**You must sign up to testify – or submit comments**  
**(please place in the basket)**

File Number: CUPFY 2023 0012

Date: 10.18.23

**PLEASE PRINT LEGIBLY**

Name: Dottie Barrons

Physical Address (City & State of residence, not PO Box):

5830 N Five Mile Rd

Boise 83713

E-Mail: dottiebarrons@msn.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input checked="" type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Choose one:** ☒ Support the application ☐ Neutral ☐ Oppose the application

Do you wish to testify? Yes ☐ No ☒

Do you wish to be an interested party? ☒ Yes ☐ No If yes, email: \_\_\_\_\_

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

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Dottie Barrons

Written Signature (only if not testifying)