

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: CUPF-2023-0012

Date: 10-18-23

PLEASE PRINT LEGIBLY

Name: Debbie L. Douglass

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

5528 W. L. Award Dr

Baile, ID 83705

E-Mail: debbie.l.douglass@gmail.com

Choose one: Support the application Neutral Oppose the application

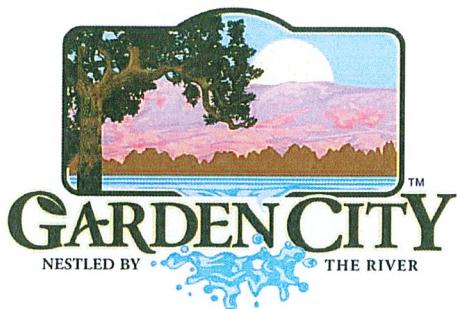
Do you wish to testify? Yes No

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.

Voluntary Information			
<i>Please check the following boxes if applicable:</i>			
<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	<input type="checkbox"/> Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No


Written Signature (only if not testifying)



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: CLUPFY 2023 0012

Date: 10.18.23

PLEASE PRINT LEGIBLY

Name: Dotie Barrons

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

5830 N Five Mile Rd.
Boise 83713

E-Mail: dotiebarrons@msn.com

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.

Voluntary Information <i>Please check the following boxes if applicable:</i>			
<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	<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dotie Barrons
Written Signature (only if not testifying)