PUBLIC HEARING APPEARANCE SLIP

DATE……..

HEARING NAME/NUMBER……

NAME …….

ADDRESS……

REPRESENTNG……

EMAIL OR TELEPHONE NUMBER……
(for identification at zoom meeting if applicable)

◯ I wish to speak in favor of the application.

◯ I wish to speak in opposition of this application.

◯ I wish to speak for informational purposes only.

Comments: ……

……

……

Complete a hearing appearance slip and deliver it to the Town Clerk (clerk@town.rutland.wi.us or by US mail at 785 Center Rd Stoughton WI 53589
You will be recognized by the Chair when it is your turn to speak.
Direct all comments, questions and replies to the Town Board and Planning Commission.
When asked to speak:

1. State your name and place of residence.
2. Indicate whether you represent a group or association.
3. Indicate whether or not you favor or oppose the application or are speaking for informational purposes only.
4. Keep comments relevant to the item being considered.
5. Limit your comments to the time period specified by the chair.
6. Avoid repetitive testimony.