



CITY OF

# West Linn

## PLANNING COMMISSION

Each agenda item requires separate form

# PLEASE PRINT

ANY INFORMATION PROVIDED MAY BE CONSIDERED PUBLIC RECORD AND SUBJECT TO DISCLOSURE

NAME Gail Holmes DATE 12-20-17

**\*BELOW INFORMATION REQUIRED TO RECEIVE STANDING, RECEIVE ADDITIONAL NOTICE OR COPY OF FINAL DECISION**

STREET ADDRESS\* 801 Wendy Ct.

CITY\* West Linn STATE\* OR ZIP\* 97068

Email (optional) Holmes2410@gmail.com  
Please include if you would like to be added to the City's listerv

COMPLETE AND LEGIBLE \_\_\_\_\_

I wish to speak on a non-agenda related item.

I wish to testify on the agenda item listed below

I do not wish to testify orally but request standing on the agenda item and subject listed below.

AGENDA # AND SUBJECT SUB-17-04

IN SUPPORT \_\_\_\_\_ NEITHER FOR NOR AGAINST \_\_\_\_\_ IN OPPOSITION \_\_\_\_\_

NAME OF ORGANIZATION (if applicable) \_\_\_\_\_

\*If group, please list people you represent. Please list additional names on back of sheet.

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\_\_\_\_\_

\_\_\_\_\_

**PLEASE BE PREPARED TO IDENTIFY THE SPECIFIC APPROVAL CRITERIA YOU ARE ADDRESSING.**

PLEASE NOTE: Testimony or information on any agenda item shall be heard only during the time set aside for public hearings. The Chair will control the time of testimony and may vary procedures. A majority vote of the Hearing body (i.e., Planning Commission, Historic Review Board, City Council) may permit variance from standard procedures. Testimony or information on non-agenda items may be accepted for placement on a future agenda.



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NAME Steve Thornton DATE 12/20/17

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STREET ADDRESS\* 3612 Landis St

CITY\* West Linn STATE\* OR ZIP\* 97068

Email (optional) stevo64@gmail.com  
Please include if you would like to be added to the City's listerv

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