# CITY OF DOVER

# PUBLIC COMMENT SIGN-UP SHEET

**(PLEASE COMPLETE FORM AND GIVE TO CITY STAFF)**

**DATE:** _____

**YOUR NAME:**_____

**PHYSICAL ADDR:**_____

**AGENDA ITEM:**_____

**SELECT FROM THE FOLLOWING:**

**SUPPORT** ☐ **OPPOSE** ☐ **NEUTRAL** ☐

**WISH TO SPEAK** ☐ **DO NOT WISH TO SPEAK** ☐

**ATTACH COMMENT PAGE(S) OR WRITE BELOW:**

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