



# WRITTEN COMMENTS



This card is used to submit written comments to the Board or Commission.  
Written comment cards may be submitted to the Staff at any time. Cards submitted after public testimony has begun will be provided to the Board or Commission at the conclusion of the testimony for that item.

NAME (print) Peter Hosmer MEETING DATE 10.26.22

NAME OF GROUP/ORGANIZATION (if applicable) NA

ADDRESS 6418 E. Mescal St ZIP 85254

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

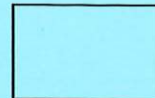
E-MAIL ADDRESS (optional) \_\_\_\_\_

AGENDA ITEM # 2-GP-2022  SUPPORT  OPPOSE

COMMENTS (additional space is provided on the back) The citizens approved the general <sup>plan</sup> not the exceptions. The project is over sized and overheight for the context. More density only encourages more density which is what the citizens oppose. This project adds no value to the neighborhood nor to the outlining ~~citizens~~ area. The citizens have spoken: No more apartments.



# REQUEST TO SPEAK



Request to Speak cards must be submitted to City Staff **BEFORE** public testimony begins.

Public testimony is limited to three (3) minutes per speaker.

Additional time *MAY* be granted to speakers representing two or more persons.

Cards for designated speakers and the person(s) they represent must be submitted together.

NAME (*print*) Adam Weisman MEETING DATE \_\_\_\_\_

NAME OF GROUP/ORGANIZATION (*if applicable*) \_\_\_\_\_

ADDRESS 9990 N Scottsdale Rd #2018 ZIP 80253

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (*optional*) \_\_\_\_\_

I WISH TO SPEAK ON AGENDA ITEM # 354  I WISH TO DONATE MY TIME TO \_\_\_\_\_

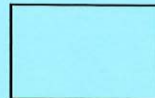
I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

*\*Citizens may complete one Request to Speak "Public Comment" card per meeting and submit it to City Staff. "Public Comment" time is reserved for citizen comments regarding non-agendized items. The Board and Commission may hear "Public Comment" testimony, but is prohibited by state law from discussing items which are not listed on the agenda.*

**This card constitutes a public record under Arizona law.**



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NAME (*print*) Andrew Centrella MEETING DATE 10.26.22

NAME OF GROUP/ORGANIZATION (*if applicable*) \_\_\_\_\_

ADDRESS 9990 N. Scottsdale Rd Apt 2013 ZIP 85253

HOME PHONE 480.489.8870 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (*optional*) \_\_\_\_\_

I WISH TO SPEAK ON AGENDA ITEM # 334  I WISH TO DONATE MY TIME TO \_\_\_\_\_

I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

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# REQUEST TO SPEAK

3

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NAME (print) Jason Alexander MEETING DATE 10-26

NAME OF GROUP/ORGANIZATION (if applicable) -

ADDRESS # 9976 E Jasmine Dr ZIP 85260

HOME PHONE ✓ WORK PHONE -

E-MAIL ADDRESS (optional) -

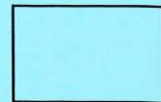
I WISH TO SPEAK ON AGENDA ITEM # 3  I WISH TO DONATE MY TIME TO \_\_\_\_\_

I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

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NAME (print) Glenn Leier MEETING DATE 10/26/22

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

ADDRESS 10711 E Sunnyside Dr ZIP 85259

HOME PHONE 602 558-4578 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (optional) glennleier@ gmail .com

I WISH TO SPEAK ON AGENDA ITEM # 3/4  I WISH TO DONATE MY TIME TO \_\_\_\_\_

I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

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# REQUEST TO SPEAK

3,4

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NAME (print) Katie Kuhne MEETING DATE 10/26/22

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

ADDRESS 3300 N. Scottsdale Rd Scottsdale, AZ ZIP 85251

HOME PHONE \_\_\_\_\_ WORK PHONE (480)-862-3958

E-MAIL ADDRESS (optional) \_\_\_\_\_

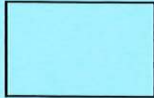
I WISH TO SPEAK ON AGENDA ITEM # 3,4  I WISH TO DONATE MY TIME TO \_\_\_\_\_

I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

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NAME (print) Jen MacColl MEETING DATE 10/26/22

NAME OF GROUP/ORGANIZATION (if applicable) Chaparral High School

ADDRESS 6935 E Gold Dust Ave ZIP 85253

HOME PHONE 480 907 7094 WORK PHONE 480 484 6500

E-MAIL ADDRESS (optional) jmaccoll@usd.org

I WISH TO SPEAK ON AGENDA ITEM # 384  I WISH TO DONATE MY TIME TO \_\_\_\_\_

I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

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