Project Name:	Neighborhood weeting
Meeting Location:	Sign-In Sheet
Meeting Date:	

	First and Last Name (please print legibly)	Address	Email (or) Phone
1			
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**Disclaimer:** A copy of this sign-in sheet will be submitted to Washoe County Planning Division along with the project application.

	First and Last Name (please print legibly)	Address	Email (or) Phone
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**Disclaimer:** A copy of this sign-in sheet will be submitted to Washoe County Planning Division along with the project application.

	First and Last Name (please print legibly)	Address	Email (or) Phone
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## **Neighborhood Meeting** Project Name: **Comment Card** Name: Company/Organization (if applicable): Address: \_\_\_\_ Comment: **Neighborhood Meeting** Project Name: \_\_\_\_\_ **Comment Card** Name: \_\_\_\_\_ Company/Organization (if applicable): Address: Comment:

Project Name:				Neighborhood Meeting
Meeting Location:			<del></del>	SUMMARY
Meeting Date:				
Virtual Meeting Option Provide	ed: YES	NO		
Hosted By (Name):			(Company):	
	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	
Public Concerns:				
1				
2				
3				
4				
5				
Changes Made to Proposal (	,			
1 2				
<ol> <li>4.</li> </ol>				
5				
<u> </u>				
Any Additional Comments:				
				<del></del>