

**TOWN PLAN COMMISSION OR BOARD MEETING REGISTRATION FORM**

**DATE of Meeting:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Municipality You Reside in:** \_\_\_\_\_

**Zoning Petition/CUP#/Resolution/Ordinance Amendment/Subject:** \_\_\_\_\_

Wish to Speak in Support

Wish to Speak in Opposition

Wish to Register in Support

Wish to Register in Opposition

Available for Information Only

1. Are you officially representing an organization of a person other than yourself?

YES       NO

If you checked "YES", please fill out #2, below.

2. If you checked "YES" in #1, please print the name, address, and telephone number of each person and/or organization you are representing:

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