

COMMON COUNCIL / CITY CLERK'S OFFICE
HISTORIC PRESERVATION COMMISSION

Date of Meeting:

Relating to Item (number on agenda) 1.

Give brief title of item: thd for Crain/Clafin House

Name: Gail Fitch Address: _____

City: _____ State _____ Zip 53202 E-Mail _____

Representing: _____

I AM IN FAVOR OF PROPOSAL AND .

_____ I wish to speak _____ I do not wish to speak

I AM OPPOSED TO THE PROPOSAL AND . . .

_____ I wish to speak _____ I do not wish to speak

_____ I wish to be placed on the mailing list / E-MAIL list for this item & notified of any further actions.