

PUBLIC HEARING COMMENT FORM ~ SEYMOUR CITY COUNCIL

Date_____

(Print) Full Name_____Phone_____

Address_____City_____Zip_____

Email_____

SUPPORT FOR

OPPOSITION AGAINST

Topic of Discussion:_____

Comment:

PUBLIC HEARING COMMENTS

- The First and Last name of the comment submitter will be read aloud before the comments
- All comments will be read aloud as written