

Summary Report for Good Neighbor Meeting



Project Name: _____ Project Location: _____

Meeting Date and Time: _____

Meeting Location: _____

Names of Applicant Representatives attending: _____

Names of City Staff Representatives attending: _____

Number of Neighbors Attending: _____ Sign-In Attached? Yes _____ No _____

General Comments received regarding project (attach additional sheets if necessary)-

Concerns expressed regarding project (attach additional sheets if necessary) -

Will there be any changes made to the proposal based on this input? If so, describe:

Staff Representative Comments
