



LakeCounty

Public Comment Card

Date: _____

Name: _____

MIKE SCHALL

Address: _____

City: _____

State: _____

Phone: _____

847-602-8650

Representing: _____

(If you are representing yourself, put "SELF")

Topic or Agenda Item Number:

(A description of the topic for which you wish to speak must be included)

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Your position on this item/issue:

FOR: ☐

AGAINST: ☐