Portland Planning and Sustainability Commission Public Hearing
Date: 12/15/15
Name: <u>P.J. D'A</u> (Please print legibly)
Authorized Spokesperson representing: The Buck Foundation (if applicable)
Address: 1818 Gog/loca St.
City: Danver Zip: 80206 Phone: (303) 565-734
Email Address and/or Fax No.: pjdamico@thebudefoundation. Kg
What agenda item do you wish to comment on? R.W. # 8032
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(check if written comments are included on back)
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Portland Planning and Sustainability Commission Public Hearing
Date: 12-15-15
Name: <u>SUSAN</u> (Please print legibly)
Authorized Spokesperson representing:
Address: 1945 15 Water Ave
City: lotaland zip: 97214 Phone: 823-4000
Email Address and/or Fax No.: SUSANDKer (a) COMCASTINET
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Portland Planning and Sustainability Commission Public Hearing

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Authorized Spokesperson representing:	(if applicable)
Address: 21.53 SW Main #105	
City: Partenal Zip: 97205 Phone: 5	03-703-8033
Email Address and/or Fax No.: <u>peter vivilent</u>	ry, com
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Authorized Spokesperson representing: CEIC	(if applicable)
Address: 114 NE 7th	. (
	3-233-3500
Email Address and/or Fax No.: AKitchin@interworlisllc	COM
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Portland Planning and Sustainability Commission Public Hearing

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Date: 12.16.15	
Name: KAT SCHON	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 110 SE MAIN ST	
City: PORTLAND Zip:	17214 Phone: 503.484.7690
Email Address and/or Fax No.:	@portlandstorefixtures.com
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Authorized Spokesperson representing:	East Startenty	_ (if applicable)
Address: $M80550000000000000000000000000000000000$	No. 1	
City:Zip:	17224 Phone:	<u>Sos) (sy-3774</u>
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Authorized Spokesperson representing:	East Sta Platha	_ (if applicable)
Address: 7537 M. Syna 1	we .	
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Date: $215/15$ Name: (Please print legibly) Authorized Spokesperson representing: 177 for 100 (if applicable)
Address: $8721 5 665$ City: 67164 Zip: 97206 Phone: $(503) 654-3774$
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Date: 2/5/15 Name: Transford Authorized Spokesperson representing: 1.151 Spokesperson representing: 1.151
Address: 2225 51 14 City: $10-10-4$ $2ip:$ 97200 Phone: (503) $(54-3774)$
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Date:	12/15/15			· · ·	
Name:	Michael Su	NMERS	·	(Please print legibl	y) .
Authorize	d Spokesperson represe	enting:	- 	(if applicable)	
Address:	4635 NE GAP	ncfield			·
City:	PORTLAND	Zip: OR	Phone:	563-209-1304	÷
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