## **CITY OF CANBY – COMMENT FORM**

If you are unable to attend the Public Hearings, you may submit written comments on this form or in a letter. Please send comments to the City of Canby Planning Department:

By mail:

Planning Department, PO Box 930, Canby, OR 97013

In person:

Planning Department at 222 NE Second Street

E-mail:

PublicComments@canbyoregon.gov

Written comments to be included in Planning Commission packet are due by August 31, 2018.

Written comments to be included in City Council packet are due by September 21, 2018.

Written and oral comments can be submitted up to the time of the Public Hearings and may also be delivered in person during the Public Hearings.

| Application: Zone Change 1300 S Ivy St (ZC 18-04)                                  |                                |
|--|--------------------------------|
| COMMENTS:  |                                |
| my concerns are traffic and people.  | We have 3 major                |
| developments going in or in the process &  | I pennithing around            |
|  |                                |
| Hope Village. I cont begin to majon  | e. The traffer problem         |
| you are creating with all this developmen  | ut, Plus I am                  |
| - Concerned all these people will inorase  | e the crime vote               |
| here in Hope Village   |                                |
|  |                                |
|  |                                |
|  |                                |
| 1  |                                |
| CITIZEN NAME: Jaru Joy   |                                |
| EMAIL: King 1342@ gmail. am  | ·                              |
| ORGANIZATION/BUSINESS/AGENCY:  |                                |
| ADDRESS: 1441 S. Toy St # (103 (Hope Village) canbe                                | 40R97013                       |
| PHONE # (optional):  |                                |
| DATE: 8-21-2018  | PLEASE EMAIL COMMENTS TO       |
|  | PublicComments@canbyoregon.gov |
| AGENCIES: Please check one box and fill in your Name/Agency/Date below:            |                                |
| ☐ Adequate Public Services (of your agency) are available                          |                                |
| ☐ Adequate Public Services will become available through the development           |                                |
| $\square$ Conditions are needed, as indicated                                      |                                |
| $\square$ Adequate public services are not available and will not become available |                                |
| □ No Comments  |                                |
| NAME:  |                                |
| AGENCY:  |                                |

Thank you!

DATE: