



Zoning Board of Appeals

CITY OF CHICAGO

PUBLIC TESTIMONY REQUEST FORM

****PLEASE NOTE: THE BOARD WILL DISTRIBUTE THIS FORM TO THE APPLICANT AND ALL OTHERS THAT HAVE TIMELY SIGNED UP TO TESTIFY ON THIS MATTER. THE BOARD HIGHLY ENCOURAGES THAT APPLICANTS AND THOSE IN SUPPORT/OPPOSITION TO THEIR RESPECTIVE APPLICATIONS COMMUNICATE PRIOR TO THE HEARING ON THE APPLICATION****

Board Calendar Number: _____

Property Address of Board
Calendar Number: _____
Chicago, IL

Please State if Testimony Will
Be in Support or Opposition: _____

Name of Person/Entity
Requesting to Testify: _____

Phone: _____

Email: _____

Mailing Address: _____

Attorney (if any) of Person/Entity
Requesting to testify: _____

Phone: _____

Email: _____

Mailing Address: _____

Witnesses (if any) of Person/Entity
Requesting to testify:

Witness #1: _____

Phone: _____

Email: _____

Expertise: _____

Witness #2: _____

Phone: _____

Email: _____

Expertise: _____

Witness #3: _____

Phone: _____

Email: _____

Expertise: _____

Witness #4: _____

Phone: _____

Email: _____

Expertise: _____