



Public Comment Form

First Name *

KELLY

Middle Name

Last Name *

SCHAEFER

Address *

Street Address

1303 SHADOW HILLS DR

Address Line 2

City

WYLIE

State / Province / Region

TX

Postal / Zip Code

75098

Phone Number

816-582-6835

Email *

kellyzero24@gmail.com

Case # *

ZBA Case #2023-05 1213 Shadow Hills

Response *

- ☒ I am FOR the requested zoning as explained on the public notice
☐ I am AGAINST the requested zoning as explained on the public

Comments

I agree and understand that by signing the electronic signature, that it is the equivalent to my manual/handwritten signature.

Signature *

A stylized electronic signature in black ink, appearing to read 'Kelly Schaefer', on a light gray background.

Date of Signature

8/6/2023