



Public Comment Form

First Name *

Jane

Middle Name

Marie

Last Name *

Fuhrman

Address *

Street Address

2209 Lakeridge Ln

Address Line 2

City

Wylie

State / Province / Region

Texas

Postal / Zip Code

75098

Case # *

ZC2025-04 2711 W FM 544

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 rectangular box containing a stylized, cursive electronic signature that reads 'Jane Fuhrman'.

Date of Signature

4/27/2025