Hearing Appearance Slip

Date: _____

Hearing name/number: _____

Regarding: _____

Name: _____

Address: _____

Representing: _____

- ❑ I wish to speak in favor of the appeal or application.
- ❑ I wish to speak in opposition of the appeal or application.
- ❑ I wish to speak for informational purposes only.

Comments:

_____
_____
_____
_____
_____

(Tear off this portion and deliver to the Board Chair)

Instructions for witnesses:

- Complete an appearance slip and deliver it to the Board chair.
- You will be recognized by the Board chair when you are to speak.
- Your testimony may be sworn if required by rules of the Board.
- Direct all comments, questions and replies to the chair.
- When asked to speak:
  1. State your name and place of residence.
  2. Indicate whether you represent a group or association.
  3. Indicate whether or not you favor the appeal or application or are speaking for informational purposes.
  4. Please state your qualifications to speak on this matter or the source of your information.
  5. Limit your testimony to facts relevant to the case at hand.
  6. Limit your comments to the time period specified by the chair.
  7. Avoid repetitive testimony.

Town of Little Black Zoning Board of Appeals

[address for correspondence with the zoning board]

Revision 4/2016