



CITY OF WOODINVILLE  
HEARING EXAMINER  
SIGN-IN SHEET

EXHIBIT 14  
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CURTIS CLAY TRAINING CONDITIONAL USE PERMIT  
Project File # CUP15001

Open Record Hearing

Re: Conditional Use Permit to operate an exercise training studio out of an existing industrial building.

DATE & TIME: January 26, 2016, @ 10:00 A.M.

When you are recognized by the Hearing Examiner, please come forward to the podium and state your name and address. Hearing Examiner meetings are audio taped, so for recording purposes, please speak clearly.

Please print your name and give your current mailing address, including zip code, and indicate by checking in the appropriate box if you wish to testify.

Please make sure all information is readable

		Do you wish to Testify?
1.	Name: Lori A. Higbee	No
	Mailing address: 23022 - 61st Ave. S.E. Woodinville, WA 98072	
2.	Name:	
	Mailing address:	
3.	Name:	
	Mailing address:	

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		Do you wish to Testify?
4.	Name:	
	Mailing address:	
5.	Name:	
	Mailing address:	
6.	Name:	
	Mailing address:	
7.	Name:	
	Mailing address:	
8.	Name:	
	Mailing address:	
9.	Name:	
	Mailing address:	