



CITY OF WOODINVILLE
HEARING EXAMINER
SIGN-IN SHEET

EXHIBIT 32
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Vinterra
~~Slocum~~ Subdivision Preliminary Plat Application
Project File # PPA 12003/SEP12036
VINTERRA PRELIMINARY SUBDIVISION

Open Record Hearing

Preliminary Plat Application to subdivide two existing parcels totaling 33.35 acre into 157 single-family residential lots in the R-4 and R-6 zoning districts. Construction will include grading, erosion control, street frontage improvements, tree protection, and stormwater/drainage improvements. SEPA is required for developments of five or more lots.

DATE & TIME: December 11, 2013 7:00 P.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: HOWARD HEFLIN	YES
	Mailing address: 12702 NE 149 th ST Woodinville, WA 98072	
2.	Name: Pat Graves	Don't know yet
	Mailing address: 12609-NE 154 ST W.V. WA 98072	
3.	Name: TERESA THOTTAKKARA	NOT SURE
	Mailing address: 12627 NE 154 ST WOODINVILLE 98072	
4.	Name: ERIC LINDE 14616 127 AVE NE WOODINVILLE	NO X
	Mailing address:	

		Do you wish to Testify?
14.	Name: KEITH COTTON	NO YES
	Mailing address: 12775 NE 153 RD PL WOODINVILLE, WA 98072	
15.	Name: JEFF A. HALL	
	Mailing address: woodinville 15504 127 th PL. NE - WA 98072	NOT SURE
16.	Name: Mary Neifert	
	Mailing address: 12925 NE 147 th PL Woodinville WA 98072	Yes
17.	Name: Bill Habenicht	
	Mailing address: 12455 NE 154 th Pl Woodinville WA 98072	not sure yet
18.	Name:	
	Mailing address:	
19.	Name:	
	Mailing address:	
20.	Name:	
	Mailing address:	
21.	Name:	
	Mailing address:	
22.	Name:	
	Mailing address:	

		Do you wish to Testify?
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13.	Name:	
	Mailing address:	

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		Do you wish to Testify?
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30.	Name:	
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31.	Name:	
	Mailing address:	