

CITY OF CORAL SPRINGS
QUASI-JUDICIAL FORM
TO BE FILED BY AFFECTED PERSON TESTIFYING
CORAL SPRINGS CODE 2-74(2)(d)

Please print

Case Number/Topic _____ Date _____

Location/Address of Property _____

Name of affected person _____

Address _____

City _____ State _____ Zip _____

Phone Number (work) _____ (home) _____

Check one of the following: **For the Petition** **Against the Petition**

Qualifications as Affected Person: (check applicable)

- _____ Applicant
- _____ Property Owner within 400 feet of subject property
- _____ Resident within 400 feet of subject property
- _____ Operates a business within 400 feet of subject property
- _____ Other (explain)

Documents / Exhibits (Attach copies of documents/exhibits you intend to present)

Disclosure of Witnesses:

List below the names, addresses, and phone numbers of witnesses or anyone that will be present to provide sworn testimony. If you are represented by an attorney, please provide the name, address, and phone number of the attorney. (Attach an additional sheet, if necessary)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed by _____ Date _____

Note: This form must be completed and returned to the Office of the City Clerk, 9551 West Sample Road, Coral Springs, FL 33065, no later than noon the day before the proceeding.

Received By _____ Date and Time _____
(Office of the City Clerk)