



Hover form fields for instructions.

City of Coral Springs Quasi-Judicial Form

TO BE FILED BY AFFECTED PERSON TESTIFYING

CORAL SPRINGS CODE 2-74(2)(d)

This form must be completed and returned to the Office of the City Clerk by email or at 9500 West Sample Road, Coral Springs, Florida 33065 no later than noon the day before the proceeding.

Case number/topic _____ Date _____

Property address Street _____ City _____ State _____ ZIP Code _____

Name of affected person _____ Work phone _____ Home phone _____ Disposition _____

Mailing address Street _____ City _____ State _____ ZIP Code _____

Qualifications as an affected person (select all that apply)

- 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 and/or exhibits you intend to present.

Disclosure of Witnesses

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

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

Office use only
Received by _____
Date/time _____

Signature and date