



**Design Review Board/Historic Preservation Commission
Request to Participate in Hearing as a Witness**

I, the undersigned, would like to participate in Board of Adjustment Hearing:
_____ as a witness.
(Insert the name of the Parties and/or the Project)

My Full Name: _____

My Address: _____

My Telephone: _____

My Email: _____

I would like an opportunity to speak and be heard by the Design Review Board/Historic Preservation Commission as a sworn witness. I understand that any testimony I give must be must be competent, relevant, and substantive to the matter referenced above.

Signed this _____ day of _____, 2020.

(Signature)

NOTE: This form must be return to the Town of Davidson Planning Department at least 48 hours prior to the hearing referenced above. You may either email the form to llaird@townofdavidson.org or mail the form to the physical address below in such a manner that it is delivered at least 48 hours prior to the hearing referenced above.

Town of Davidson – DRB/HPC Hearing
Materials Attn: Lindsay Laird
216 South Main Street
Post Office Box 579
Davidson, NC 28036