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| Community Meeting Sign-In Sheet |

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| Project/meeting title: |  | Meeting dateand time: |  |
| Facilitator/organization: |  | Location/room: |  |

| Name | Phone | E-Mail |
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This completed activity and document may be eligible to satisfy the following categories:

* Threshold Criteria 2)B
* Threshold Criteria 2)G
* **Accessibility and Livability** Scoring Criteria 1)E

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| **Name** | **Phone** | **E-Mail** |
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