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pg. 5  
1st hearing



## SPEAKER'S FORM

If you wish to speak on any Agenda item, please complete a separate form for each item.

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TO ENSURE YOUR NAME IS CALLED FOR THE CORRECT AGENDA ITEM PLEASE COMPLETE THIS SECTION.

**AGENDA ITEM/CASE NUMBER:** 244117

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**RELATING TO:**

**NAME:** Vladimir Pashchuk

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**ADDRESS:** 5302 Bayberry St

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Please return this form to the City Clerk or Recording Secretary prior to the Agenda Item being brought forward by the Hearing Officer.



24-4117











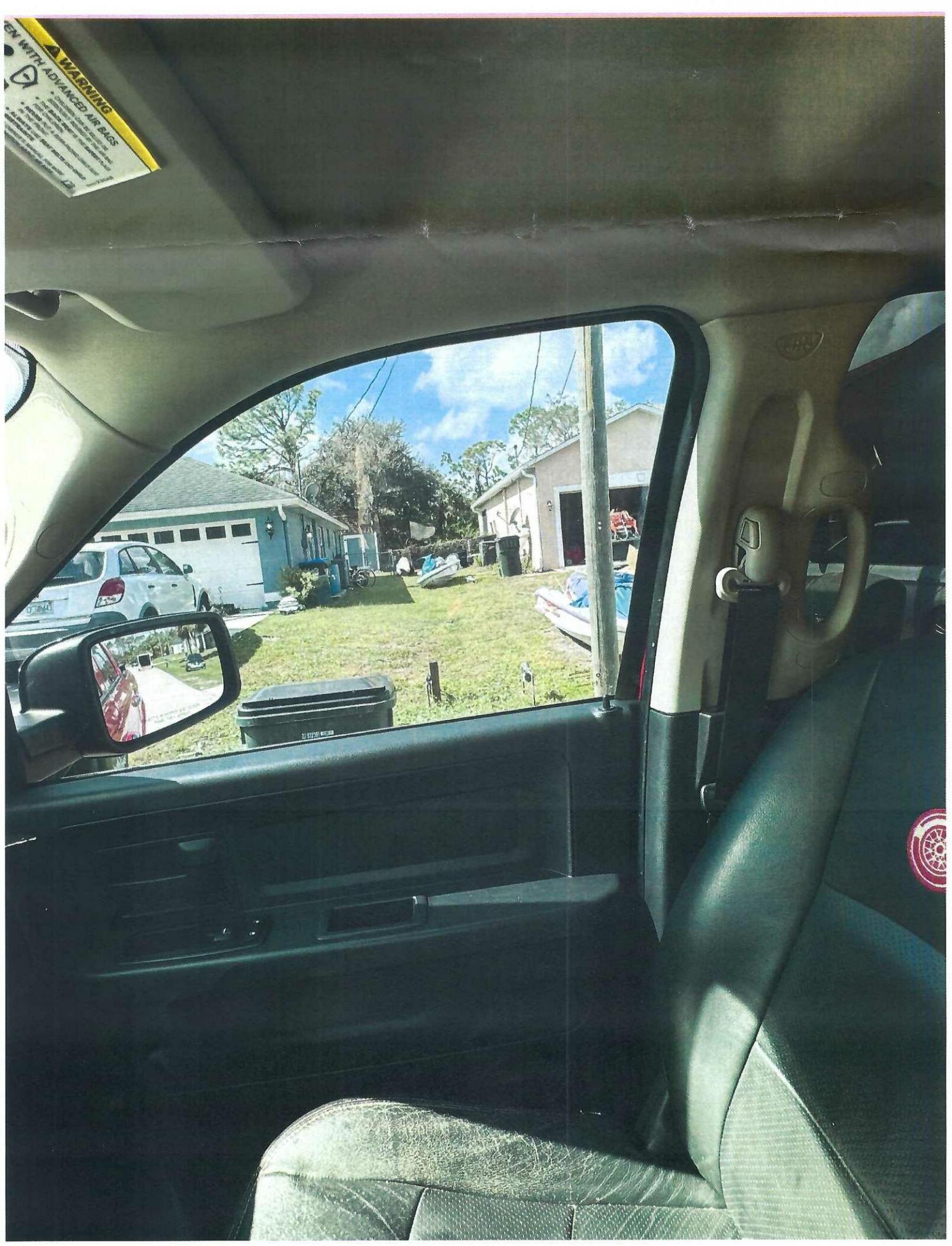












**WARNING**  
SEEK ASSISTANCE IMMEDIATELY  
IF YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS:  
• Dizziness or lightheadedness  
• Nausea or vomiting  
• Headache or dizziness  
• Blurred vision  
• Difficulty breathing  
• Chest pain  
• Rapid heartbeat  
• Unusual fatigue  
• Loss of consciousness  
• Seizures  
• Allergic reactions (hives, swelling, difficulty breathing)  
• Any other symptoms that concern you  
If you experience any of these symptoms, stop driving immediately and seek medical attention. Do not drink alcohol or use other medications while driving. Always wear your seat belt and please don't drink and drive.







