

**BEFORE THE ZONING COMMISSION OR  
BOARD OF ZONING ADJUSTMENT OF THE DISTRICT OF COLUMBIA**

Before completing this form, please review the instructions on the reverse side. Print or type all information unless otherwise indicated. All information must be completely filled out.

**CASE NO.:** ZC-13-14

**Motion of:**     Applicant     Petitioner     Appellant     Party     Intervenor     Other witness

PLEASE TAKE NOTICE, that the undersigned will bring a motion to:

Open the record

**Points and Authorities:**

Please state each and every reason why the Zoning Commission (ZC) or Board of Zoning Adjustment (BZA) should grant your motion, including relevant references to the Zoning Regulations or Map and where appropriate a concise statement of material facts. If you are requesting the record be reopened, the document(s) that you are requesting the record to be reopened for must be submitted separately from this form. No substantive information should be included on this form.

I gave testimony to the zoning commission on the hearing date "medical offices"  
I expected to also testify at the last May 27 hearing. I attended but was told I would not be able to testify twice. I returned to my home that evening and sent in my written testimony to zc submissions @ dc.gov.  
The testimony was not included, I wish to submit my written testimony-

**CERTIFICATE OF SERVICE**

I hereby certify that on this 09 day of July Month, 2014

I served a copy of the foregoing Motion to each Applicant, Petitioner, Appellant, Party, and/or Intervenor, and the Office of Planning

in the above-referenced ZC or BZA case via:     Mailed letter     Hand delivery     E-Mail     Other \_\_\_\_\_

**Signature:** Daniel Walkoff

**Print Name:** Daniel Walkoff

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ZONING COMMISSION  
District of Columbia  
CASE NO. 13-14  
EXHIBIT NO. 838