TOWN BOARD
TOWN OF CORTLANDT，NEW YORK
MEDICALLY ORIENTED DISTRICT（MOD）

June 16， 2020
Town of Cortlandt，New York Virtual Town Board Meeting

BEFORE ：
LINDA PUGLISI，Supervisor DEBRA CARTER－COSTELLO，Member JAMES CREIGHTON，Member
FRANCIS FARRELL，Member
RICHARD BECKER，Member

PRESENT：
THOMAS F．WOOD，ESQ．Town Attorney
LAROUE SHATZKIN，TOWn Clerk

FOR THE APPLICANT，EVERGREEN MANOR：
DAVID STEINMETZ，ESQ．
Zarin \＆Steinmetz
81 Main Street
White Plains，New York 10601

ANUP MISRA，Trammel Crow
ANTHONY RUSSO，Hudson Park Group
ANTHONY RUSSO，AKRF
MARISSA TARALLO，AKRF

> MEDICAL ORIENTED DISTRICT
> MS. PUGLISI: Okay. It is 7:00. We like to be prompt. We are going to begin our official town board meeting of June 16th, 2020, via Zoom. The meeting is called to order by our town clerk. And would you all please rise for the pledge to the flag.
(Pledge of allegiance.)

MS. PUGLISI: Thank you so much. Okay. As I said before -- well, let's do the roll call. Madam Clerk, please.

MS. SHATZKIN: Councilman Costello.
Councilman Costello is connecting. Just one moment. Councilman Costello.

MS COSTELLO: Here.
MS. SHATZKIN: Councilman Creighton.
MR. CREIGHTON: Here.
MS. SHATZKIN: Councilman Farrell.
MR. FARRELL: Here.
MS. SHATZKIN: Councilman Becker.
Councilman Becker. I see him. Councilman Becker is here. He may not have connected to audio yet.

MEDICAL ORIENTED DISTRICT
And Supervisor Puglisi.
MS. PUGLISI: Here.
MS. SHATZKIN: All present.
MS. PUGLISI: Okay. Richard's here too. All right. Okay. So just quickly, the approval of the minutes. A motion and a second, please.

MS. COSTELLO: So moved.
UNIDENTIFIED SPEAKER: Second.
MS. PUGLISI: For the discussion all in favor, aye.
(A chorus of "ayes.")

MS. PUGLISI: So moved. All right. We are going to go right into our public hearings. There's a lot of people who want to speak at the one in particular, I'm sure. And we are going to explain the public hearing via Zoom by our town clerk, Laroue Shatzkin. Then our town attorney, when we get to the second one, will explain and give you more details about MOD. But we are going to do the first public hearing first. So Laroue, if you just want to be
MEDICAL ORIENTED DISTRICT
generic and just explain how the Zoom will
proceed during the public hearings.
MS. SHATZKIN: So for the -- my notes are
for the MOD meeting. Let me just briefly
explain the process there. We will first have
very short presentations from all the involved
parties. There are -- a few of them will
speak. As you saw during my little practice
session before there, I will play some video
and manage some audio for them. They will
briefly be promoted to panelists to be able to
speak to the attendees. And so that their
brief presentations will be recorded and later
posted on the website. I will then
individually grant the right to those residents
who have pre-signed up to speak during the
public hearing. At that time, especially due
to the late influx of individuals who wanted to
sign up, we will then grant people the right to
raise their hand and speak as well. So if you
did not have an opportunity to sign up and you
do wish to speak during the public hearing, you
will be able to do that this evening.
misI: So if you didn't pre

MEDICAL ORIENTED DISTRICT
register, you still have some time to speak later on.

MS. SHATZKIN: Yes. I do think that it is worth mentioning that any issue that has previously been mentioned, must be addressed by law. So if a particular issue, for example, traffic at a particular intersection has already been mentioned, speaking about it again does not lend additional gravity to the response of that particular issue. It will be responded to regardless. And finally, I think it's very important to know that written comments will still be accepted through June 30th. So up until June 30th, you can submit those written comments either to mod@townofcortlandt.com or to townclerk@townofcortlandt.com. And I work closely with the person who manages the MOD emails to make sure that everyone is accounted for. And that's our basic process. In addition, if anyone wants to speak during the first public hearing, please raise your hand and I will call on you.

```
MS. PUGLISI: Okay. So why don't we go
```


# MEDICAL ORIENTED DISTRICT <br> right to the first public hearing first. 

(First public hearing was held.)

MS. PUGLISI: All right. Number two, Laroue, you want to read it.

MS. SHATZKIN: Yes. We have a public hearing this evening regarding the medical-oriented district: SEQRA, DGEIS, DEIS, and proposed local law.

MS. PUGLISI: Okay. And as was stated, we are going to hear briefly from our town attorney who will update us all on where we are in the process. And he will once again explain the MOD, what the MOD is, where it emanated from, where we are, where we're going and we held our last public hearing on this January 14th, 2020. Prior to that, we had a public hearing on November 19th, 2019. We adjourned it to the January meeting. And then the town board and I subsequently adjourned that meeting, that public hearing to our April town board meeting. But due to the pandemic, we then had to adjourn it once again. And we gave

MEDICAI ORIENTED DISTRICT
ourselves sufficient time to our June 16th, 2020, meeting and that is what we're doing opportunity. We didn't want to wait until we could get back into the town hall. We thought ample time had passed. So that's why we're going via Zoom, if anybody was wondering, I think it was sufficient time and we've all become adept at Zoom, haven't we? Or if I may say, we think we are. We will see. We will see. And the public has been given sufficient notification. And information has been put up on our website. People could register, obviously, people could -- who didn't register are going to be able to be heard later. And we are going to hear from the applicants as well. So Mr. Wood, our town attorney, if you would be so kind to just give us an update.

MR. WOOD: Yes. Good evening, Madam Supervisor, members of the board, ladies and gentlemen. I would like to begin by saying I believe we are in one-third of the process. We still have two-thirds to go beyond this. And I think it might be important to reflect on where we've come, where we're at and what the process
MEDICAI ORIENTED DISTRICTforward is. So the town is required by statelaw to maintain a master plan. And a masterplan, as you will, is a road map as to how atown at a particular time feels, takes aninventory, what amenities, assets and needsthat it has and then develops a recommendationas to how to achieve some of the goals andneeds of the communities. So in Cortlandt backin 2015 and 2016, the town board had appointeda committee to study, to take the inventory,study all the issues which resulted in a masterplan which was entitled "Envision Cortlandt."And that master plan was adopted in March of2016 by a unanimous vote of the town board.And what the master plan then becomes is theguide forward for the town board in consideringhow zoning should be changed. So it's not --the master plan doesn't dictate what it is,it's a recommendation and guide for the townboard. So following the adoption of the masterplan, the master plan contains severaldifferent -- many different recommendations. Ithink there's over a hundred. But several ofthem are what's known as overlay districts or

MEDICAL ORIENTED DISTRICT
different districts and one is the transportation-orientated strict which would affect areas around the commuter railroad, et cetera and the one we're dealing with tonight is the medical-orientated district. And this district would -- is envisioned to have as its hub the Hudson Valley Hospital. And to surround that hospital with various forms of extended medical care facilities for more medical offices, assisted living, other needs that the community had. So what happened is after the adoption of the master plan, some stakeholders worked with the town and came forward and they're primarily the two properties now across from the hospital. The hospital was involved at the beginning but hasn't actively participated. So that when the proposals come forward, the developers, the owners of the property develop plans for the property. The town is looking at what -- from the master plan, what ordinance change is necessary in order to have a medical-orientated district. So all of that came together in the fall of 2019. Prior to September of 2019, the
MEDICAL ORIENTED DISTRICTtown encouraged and sponsored two communityoutreach forums that were held at town hall andthe community center and invited residents tocome in to see a preliminary conceptual planthat the developers, that the stakeholders ofthe two properties has. Following those, aformal submission came before the town board inthe fall, in September of 2019. And now, wehave to talk about the process. So the townboard, as the legislative authority in thetown, before it can do any enactments mustconduct a review under the New York StateEnvironmental Quality Review Act, better known,and will be referenced tonight many times asSEQRA. So hopefully everyone remember that.And as part of the process, the first step thetown board has to do is to determine who shouldbe the lead agency. Who should guide theenvironmental review? And in this case, thetown board elected to become the lead agency.They could have been challenged by otheragencies that have to give approval by New YorkState DOT, the DEC, Westchester County, a wholenumber of agencies who are involved in the

MEDICAL ORIENTED DISTRICT
process. No one objected; so the town board became the lead agency. So then, their first role was to have a -- two documents prepared. One is the generic environmental impact statement which is before us. And that studies the amendment to the zoning ordinance and what effects, and impacts that amendment may have. The other documents before the board is the draft environmental impact statement which studies the two proposals that are before the board. And all of those documents have to -the purpose of them is to, number one, to identify all the potential impacts that the developments or the zoning ordinance could create, not only on the immediate community but on the town as a whole. And once they're identified, they then have to have sufficient discussion so that people can understand what the impacts are and then the second phase is how do we address these impacts, how do we mitigate them, how do we lessen them? And that's the document -- these are draft documents that are before the board. And as the supervisor said, we open the public hearing
MEDICAL ORIENTED DISTRICT
in November. And the purpose of the public
hearing is twofold. One is to receive comments
on the proposed amendments of the zoning
ordinance, that's referred to as the
legislative public hearing. And the second
part of the public hearing is to receive
comments about whether or not these draft
documents sufficiently have identified all of
the impacts. The public may come up with other
impacts that for some reason weren't perceived
to be an impact. They could have comments
about their concerns about how the discussion
is in the documents. Maybe there's more
traffic intersections that need to be studied,
a whole multitude of items. So we've been
receiving those comments at the two public
hearings, both in November and January. The
public has been free to provide written
comments to the town board this entire time
period. And as the town clerk indicated, she's
been monitoring that, collecting it into the
record. And will continue to receive those
comments if the board closes the public hearing
tonight through June 30th. But this is just

MEDICAI ORIENTED DISTRICT
the first step, as they said we're only about one-third into the process. So what would happen is, after this evening, if the public hearing is closed, the -- all the comments are indexed. They are all put together, all the traffic comments, all the water comments, all the stormwater comments, et cetera. And then they have to be analyzed. And when I say "analyzed," in the draft environmental impact statement, the applicants have to either identify where the issue is already been addressed in the discussion part of the document or if not, they have to provide necessary information to fill in the gap and to analyze it. The same thing as the town will be reviewing the generic environmental impact statement to do the same thing with respect to the zoning ordinance. When all of that process is done, another document is created called a final environmental impact statement. And the town board will receive that anywhere from three months to nine months from today -- from the close of this public hearing because we don't know how long it will take for all the

## MEDICAI ORIENTED DISTRICT

comments to be put together. But once the town board feels that there's a draft of a final environmental impact statement, that seems to answer all of the issues that were raised. They will then schedule another public hearing to receive comments. I should also note that while the agencies do not participate in the public hearings, we have received comments from various state agencies that this was referred to and that's a continual dialogue that will continue with any change, any modification, the DOT, the DEC, the Department of Health will all be having continual impact. So what would happen then is in the next third is the preparation of the response and then the final third of the preceding would be additional public hearing and then the town board, following the public hearing, would have to adopt a statement under SEQRA that identifies all of the impacts that have been identified, how they are being mitigated or proposed to be mitigated, and then ultimately the town board has to decide are those mitigations sufficient or not. And then following that, if they do

MEDICAL ORIENTED DISTRICT
adopt one that says yes, they are sufficient, they then consider the adoption of the amendment to the zoning ordinance. Many changes sometimes in mitigation. It's not just an extra traffic light, et cetera. Sometimes it's a modification of the project, a reduction in size to minimize or reduce an impact. So there is a whole multitude of ways in which impacts that are identified can be reduced, changed, or mitigated. So it's a complicated process, we've tried to keep it very transparent. We are welcoming of all comments and issues. And the staff is always available to guide anyone in the process, but really, tonight the comments will be recorded. They will have to be addressed. This is not the type of public hearing where there's answers given tonight because we are looking for the questions and we have to analyze whether they have been addressed or it has to be more clearly addressed in future documents.

So that in a long-winded nutshell is where we are in the process and where we're heading. MS. PUGLISI: Tom, thank you so much for
MEDICAL ORIENTED DISTRICT
the summary. We all appreciate it very much.
It's helpful.
So important take-aways is that there's
many other opportunities in the future for the
public to ask questions, make comments and be
heard as we proceed. Tonight is not any final
vote, that is for sure, not at all. That's
important to know. Another take away is that
the master plan, the document is a -- I'll hold
it up, it's online but here is the physical
document with over 100 policies in it and MOD
is only one of them. It's not a local law.
It's not a town ordinance. It's suggestions,
recommendations for the town boards to
entertain and consider after holding public
hearings. This is the third master plan that I
have been involved in as supervisor over these
29 years. So we've had two prior to this with
various subject matters that we wanted to go
forward on and consider and entertain including
a town hall, including a Cortlandt train
station, a 911 system, paramedics, and so on.
So all good things, of course.
Now, the MOD, just briefly because, you

## MEDICAL ORIENTED DISTRICT

know, we want to hear from everybody and I have stated my position publicly over the last course of the year. People know my position, that $I$ think that the proposals are way too big at one time for the one major road, the corridor, for the residential neighborhood. I've stated that. I'm briefly reiterating that. Later on, I may give some more reasons, but I think people know my position on it. So the MOD concept by the members -- about 20 members of the appointed committee thought about a lot of different things, sustainability, envisioning the future for the Town of Cortlandt, a lot of good ideas in it. The MOD was a concept that around the hospital, the hub, being the hub of the ideas so for medical offices, and so on, et cetera. The concept, the idea is lofty; it's good. The proposals that are before us and I have for the last three years expressed myself to the stakeholders, slash, developers. So it's nothing new to them. I told them from the get-go that these are too big. You could, you know, break it down into phases, come back with

MEDICAL ORIENTED DISTRICT
something more palatable, reasonable for the community and the town boards to consider. So those are just my opening remarks. I have a right to state them of course. And we will proceed. Madam Clerk, who is on the beginning of the list, please?

MS. SHATZKIN: I'm going to start with Kevin McAndrew in just a moment. Just for our few people who will present and also for the residents who $I$ will be calling with, please bear with me as I find you and give you permission or remove permission. There's a lot of people to sort through and I appreciate your patience. One moment.

MS. PUGLISI: You're doing a great job.
MS. SHATZKIN: Thank you.
MR. WOOD: And if I could just add that we've elected to have a brief presentation by the two stakeholders as well as the town's traffic consultant at the beginning of the public hearing to kind of refresh everyone's memory and to bring into the prospective of how the comments will be tonight.

MS. PUGLISI: And Tom, the town's traffic

## MEDICAL ORIENTED DISTRICT

consultant was made available to the public as well; correct?

MR. WOOD: Yes. We should just point out that when any proposal is delivered to the town, the town -- the town itself chooses a traffic consultant. The traffic consultant is then funded by the stakeholders. So in this case, it's AKRF is the traffic consultant who is chosen by the town, funded by the applicants, and they are the ones who did the analysis. Over the last several months on the town's website has been a brief video from both applicants as well as the town's traffic consultant giving an overview of what they have proposed and what the traffic experts have found.

MS. PUGLISI: Tom, also, one more question that's important for everybody to know, all of the emails, letters, comments at the public hearings from the public, they will be answered not only by the applicants, but also by our own town staff.

MR. WOOD: Yes. What happens is the applicant -- they will all be indexed,

## MEDICAL ORIENTED DISTRICT

organized and then whatever -- whoever is working on the various parts, it all comes into staff. We'll review it to make sure we feel it's -- everything is complete. We then give it to the town board in draft form for their preliminarily comments before then it goes to the public for their comments.

MS. PUGLISI: And then at the end of the day, most likely in the fall, we'll get everybody's reports. The town board will consider the next path.

MR. WOOD: Correct.
MS. PUGLISI: All right. Great. Okay.
Madam Clerk, I will turn it over to you and we will go through the many people that would like to express themselves at this public hearing and we appreciate them being here and for their patience thus far.

MS. SHATZKIN: Okay. Kevin, can you hear me?

MS. PUGLISI: Oh, everybody has to state their name.

MR. MCANDREW: Thank you.
MS. SHATZKIN: Okay. Kevin, just for the

MEDICAL ORIENTED DISTRICT
record before I play your video, could you please state your name and your company. MS. PUGLISI: Yeah.

MR. McANDREW: Yes. Madam Supervisor, fellow town board members, good evening. Kevin McAndrew, Cameron Engineering, 177 Crossway Park Drive, Woodbury, New York. Speaking on behalf of Gyrodyne, one of the two key stakeholders. I just had a one-minute introductory presentation to make before we ask that the room play the recorded presentation. I firstly want to thank everyone at the town and your resources to enable this hearing to go forward this evening. Last month, Gyrodyne prepared a narrated PowerPoint in anticipation of the continuation of this public hearing on the draft generic environmental impact statement as stated by the town attorney. The purpose of our brief presentation is really both as a refresher and as an update to the residents of Cortlandt, other interested stakeholders, and of course the town board. So with that, $I$ would ask that the -- our pre-recorded presentation be played and we --

> MEDICAL ORIENTED DISTRICT we look forward to advancing this important initiative for the town. MS. PUGLISI: Thank you. MS. SHATZKIN: Okay. One moment. VIDEO PRESENTATION: Supervisor, fellow town board members, on behalf of Gyrodyne, this is Kevin McAndrew, partner with Cameron Engineering, providing a narration of the following brief PowerPoint presentation for Gyrodyne's proposed mixed use campus development plan within the town's proposed medical-oriented district referred to as the MOD. The specific purpose of this brief presentation is to serve as a refresher to the board, to the town residents, and to interested stakeholders as part of the continued DGEIS public hearing process which we understand is to occur on June l6th, 2020 . marketing studies which have been prepared by a nationally recognized expert, HRNA advisors. susee fundamental considerations. First, a viable market-driven plan. That is a myodyne proposal has been guided by mable plan supported by economic and me

MEDICAL ORIENTED DISTRICT
Second, a mixed-use development plan complementary and synergistic with the New York-Presbyterian Hospital, the economic engine in the area and the Evergreen Manor Development Plan, the adjacent key stakeholder. And, lastly, the third key fundamental consideration, a development plan consistent with the town's MOD vision and a plan guided by the MOD goals. Alignment with the town's comprehensive plan: The design approach to the Gyrodyne mixed-use campus plan from the outset of this initiative, has been the formulation of a document plan in complete alignment with the town's award-winning sustainable comprehensive plan. Delivering a plan that meets the overarching goal of economic development while checking all of the boxes specific to the purpose and need of the MOD. Centralizing and improving medical services and access to a broader spectrum of high-quality healthcare services. State-of=the-art medical office will replace the outdated medical office space on the Gyrodyne property. Providing a broader range of housing options, market-rate highly

## MEDICAI ORIENTED DISTRICT

 amenitized apartment units will serve the New York-Presbyterian staff employees, the medical office staff, and residents of the greater Cortlandt community. Creating a vibrant sense of place with outdoor green space and civic space for the MOD users and the residents of Cortlandt, providing for a dynamic mix of land uses including complementary and accessory commercial such as a coffee cafe, a healthy eatery. The Gyrodyne plan includes this type of complementary use with an outdoor terrace area. And optimizing shared infrastructure such as parking footprints being reduced to reduce the overall impervious cover to allow for adding additional green space and to encourage connectivity and walkability amongst the hospital, Gyrodyne, and the Evergreen Manor Development. The first of two slides on Gyrodyne's commitment to smart and responsible development. The Gyrodyne plan is projected to generate approximately 450 high-quality jobs, and annual economic output of approximately $\$ 80$ million and an annual net increase in taxes of approximately $\$ 2.1$ million. The project willMEDICAL ORIENTED DISTRICT
generate over $\$ 100$ million of economic activity during construction with an estimated 600 full-time equivalent jobs. The Gyrodyne development program will provide for community engagement with arts and cultural programming, a healthy living and wellness theme and community connectivity. Approximately 5 acres or 36 percent of the overall property will be open space preservation. Green infrastructure implementation will occur throughout the development with extensive native landscape restoration. The Gyrodyne plan is approximately a \$90-million investment. The important consideration of phasing has been closely studied by Gyrodyne. The proposed construction build out in a single phase implementation provides for an inherent phased deliverable with different building construction types and differing occupancy absorption rates resulting in an estimated 15-to-18-month duration between full occupancy of the medical office building and the residential apartments. If construction was to occur in a sequential or multi-phased manner,

## MEDICAL ORIENTED DISTRICT

it is estimated that the overall construction duration would be extended by approximately 16 months. Constructing the medical office building and the residential building at the same time avoids the requirement of a construction access road directly off of Buttonwood Avenue and shortens the typical impacts of construction noise and truck traffic. A single phase construction approach supports full implementation of offsite traffic and related infrastructure improvements. Community outreach: Feedback from a community meeting with the residents of the Buttonwood Avenue community will be incorporated into the site plan as the application moves forward. Vehicular access both ingress and egress to and from Buttonwood Avenue will be removed from the site plan. Only an emergency access will be maintained. The proposed landscape buffer to the closest residential home will be increased approximately a doubling in the buffer size. The proposed walking trail amphitheater and environmental education area on the east and north side of Orchard Lake will be eliminated.

## MEDICAL ORIENTED DISTRICT

The Buttonwood Avenue residents requested to Gyrodyne that the area be entirely passive.

A sustainable mixed-use campus plan. The Gyrodyne Development Program is comprised of 100,000 square feet of state-of-the-art medical office, a net increase of approximately 67,000 square feet with the existing 33,000 square feet of medical office to be removed. 4,000 square feet of complementary commercial such as a coffee cafe, healthy eatery, and 200 units of market-rate residential apartments. The Gyrodyne plan has been developed as a sustainable campus plan with complementary land uses utilizing shared infrastructure resources. The plan is not a traditional subdivision road with individual development lots. It is a cohesive and integrated campus layout with approximately 36 percent or 5 acres set aside in open space. MOD place making: Our final slide summarizes the key elements that create the distinctive MOD vibrant sense of place. Exemplary architecture: The MOD gateway streetscape treatments and pedestrian connectivity between the hospital campus,
MEDICAI ORIENTED DISTRICT
Gyrodyne, and the adjacent Evergreen Manor
property. Landscaping re-vegetation at a
two-to-one replacement ratio, approximately 550
new native trees, green infrastructure, and
open space and civic space serving the entire
medical-oriented district and the entire
Cortlandt community. On behalf of Gyrodyne,
thank you for this opportunity and we look
forward to moving this important initiative
forward.
MS. PUGLISI: Okay. Thank you for your
presentation. Who's next, Laroue?
MS. SHATZKIN: One moment, Linda. Next,
I'm going to be -- I'm so sorry, let me just
make Kevin an attendee again. Okay. Next up,
I'm going to invite David Steinmetz, Anup
Misra, I hope I'm saying your name correctly
and Glen Vetromile to join us as panelists.
And we'll just take a moment for them to load
here.
MS. PUGLISI: He's speaking on behalf of
Evergreen; is that correct?
THE WITNESS: That's correct.
MS. PUGLISI: Okay.

MEDICAL ORIENTED DISTRICT
MR. STEINMETZ: Laroue, can you hear me? MS. SHATZKIN: I can. Hi.

MR. STEINMETZ: Madam Supervisor, may I proceed?

MS. PUGLISI: Yes. Mr. Steinmetz, proceed. Thank you.

MR. STEINMETZ: Thank you so much. Good evening, Madam Supervisor, members of the town board. David Steinmetz from the law firm of Zarin \& Steinmetz. Pleased to be before the board once again, representing the Evergreen Manor stakeholder, the Evergreen Manor aspect of the MOD. With me this evening at this zoom public hearing, the master developer of the site, Val and Mandy Santucci from VS Construction. I'm also joined this evening, and both of these individuals will be speaking, Anup Misra from Trammel Crow who is the sponsor of the assisted-living and independent-living component of our project will be addressing you momentarily, as well as Glen Vetromile from the Hudson Park Group. Glen is the sponsor of the residential-rental aspect of the project.

Laroue, if you could go to the first of
MEDICAI ORIENTED DISTRICT
the slides that $I$ provided you.
MS . SHATZKIN: Absolutely.
MR. STEINMETZ: Terrific. So what you
have before you is a general site plan that
shows the Evergreen Manor site to the left, the
Gyrodyne site that Kevin just spoke about on
the right. Our client's property, Evergreen
Manor is 28 acres. It's located in the town's
R40 zoning district and as you can see, it
fronts along Route 202 at the -- at the bottom
crossing, crossing this slide. And as well as
having frontage along Lafayette which runs
north south and essentially separates the
Evergreen Manor site from the Gyrodyne site.
Our team have been active participants in the
town's MOD process really since its inception.
You've heard this evening some references to
the master plan or the comprehensive plan. We
participated and observed the envision
Cortlandt master plan process which did result
in and introduced the MOD as a development
concept that the town wanted explored. The
Evergreen team was formed and the Evergreen
team decided to present to the town the

MEDICAL ORIENTED DISTRICT
concepts that were articulated in the comprehensive plan. Now, we've already prepared in conjunction with the town a rather extensive draft generic environmental impact statement which is the subject of tonight's public hearing. We also separately prepared a video much like Gyrodyne's. It is available on the town's website. We wanted tonight to just do a quick highlight of what we've discussed previously.

Laroue, if you would be kind enough to go to the second slide. So what we've got here is basically a focus on Evergreen Manor and our site as an individual integrated site. In the bottom left-hand corner is the first of five portions of the development. Bottom left-hand corner, you see two different buildings.

That's the 114 units of proposed assisted living and independent livings, living units proposed by Trammel Crow and Anup will address the specifics of the program, the concept and the desire to work on the development of that in a moment. The second site immediately above that or technically to the south is the

> MEDICAL ORIENTED DISTRICT residential component proposed in conjunction with the Hudson Park Group. It's 166 residential-rental units of highly-amenitized living, a variety of housings types that I'm going to let Glen Vetromile describe. He'll explain the layout, the parking, the building, and why he is quite convinced that residential rental is an appropriate use for that second building site on -- on the Evergreen Manor property. Continuing around clockwise, the third site is a proposed location for a loo-room hotel and we have explored the concept in the development of this hotel and it has been studied in the -- in the DEIS along with the other components. Continuing on the next pad site, number four, is the medical, slash, dental laboratory space as well as retail. This is a smaller $30,000-s q u a r e ~ f o o t ~ b u i l d i n g, ~$ divided, essentially: 15,000 square feet of laboratory space, 15, ooo square feet of possibly some retail, a pharmacy, something that would complement the other uses at right closest to Lafayette is proposed to be a

MEDICAL ORIENTED DISTRICT
7,000-foot restaurant. The concept that you're looking at in front of you with all five of these sites is, essentially, an attractive walkable community designed to integrate sidewalks, landscaping, open space, stormwater management, better traffic management, a wonderful entryway at the signalized intersection across from Conklin Avenue. It's also designed to support the hospital. I think we all know that the New York-Presbyterian Hudson Valley Hospital is one of the true economic engines for the Town of Cortlandt. And this was designed to complement and work in conjunction with the hospital. In terms of benefits for the community, unquestionably, it would be the economic stimulation of the creation of jobs. You've heard somewhat about that this evening already over 700 construction jobs. Over 100 permanent jobs. Substantial increase in permanent tax benefits both for real property and sales tax benefits to the Town of Cortlandt. It would provide a new supply of housing and as I said, earlier, we genuinely believe this integrated community
 MEDICAL ORIENTED DISTRICT

The third phase would be the hotel site. It too is likely an 18-month build out. And then the fourth and fifth phases would be the laboratory building and the restaurant which are probably no less than 12 months to build each of those structures. So as you can see, this site is designed to be built over a period of time, to be absorbed over a period of time to avoid the entire site being constructed all at once. And all of this has been done after we have had substantial meetings with members of the public. My client has done a number of community outreach meetings with the town as well as separately and we look forward to working in conjunction with the town, its professional staff, and the members of the community as we proceed with the Evergreen Manor project. I'm now going to turn it over to Anup Misra to focus very briefly on the independent and assisted living. Thank you. MS. SHATZKIN: Glen, perhaps you could go first while Anup tries to work out -MR. VETROMILE: Sure.

MS. SHATZKIN: -- his audio issues.

## MEDICAL ORIENTED DISTRICT

MR. VETROMILE: Hi. Glen Vetromile, the sponsor of the residential component of this project. I'm a 34-year resident of Westchester with a number of projects throughout the county, Tuckahoe, Fleetwood, Ossining, Dobbs Ferry, and Port Chester. And happy to be in Cortlandt. I think the location is ideal for multi family. The building we're talking about, the -- would be highly amenitized. I'm going to talk a little bit about people that I think will go there. But the building will have a fitness center, a yoga studio with a -a cycling studio is part of it, a -- what we call a club room which will have a coffee area and a big central fireplace with surrounding seating, an outdoor pool, a billiards area, and small business center. We are also, again, having an outdoor pool. The units themselves all have walk-in closets in all the bedrooms, bright window walls with lots of sunlight, modern kitchens with induction rain tops [ph.] -- range tops, very versatile heating and ventilation and then contemporary bathrooms. The services that the building will provide

MEDICAI ORIENTED DISTRICT
will have a front concierge with a refrigerated room so that people can get, receive food packages during the day for preparation like Blue Apron or Hello Fresh. And then we are looking at pet services because we think the profile of many of the renters will have dogs and cats and during their business day will want a service where their pet can be -- have sitting, walking, whatever. The -- I think most importantly though are a description of the profile of the renters. These kinds of buildings become feeders for other residential types in the town. The generation $x$, millennials, who are in their 20 s and 30 s may not have enough equity to buy a home but may want to live in this town and so to attract them so that those young people grow and learn the town and then have -- have their own families, these rental communities with all of these amenities become big, attractive ways of bringing those people in to Cortlandt versus them going to Yorktown or some other area of Westchester. So it's very important to have new contemporary well-amenitized rental
MEDICAI ORIENTED DISTRICT
properties and they will not be attracted to
some of your garden style properties that were
built post war in the 50 or $60 s$. Don't have
the amenities, don't necessarily have covered
parking, don't have bright, modern kitchens.
So it's very important to attract that profile
person to have contemporary rental. And then
as they -- couples potentially have kids, these
become very attractive to those families and
eventually they may want to buy a house with a
backyard when their kids become more mobile.
And also people in transition, people who may
be renovating their home, moving from home to
home within the town or divorcees, these are
very important, highly-amenitized residential
projects to give these people something they
want. They don't want to move into an old
garden apartment. Empty nesters, they also are
very attractive to empty nesters. People whose
kids have gone off to college. They may want
more time to travel. They're not tied to the
town to just take care of their home but they
have -- absolutely want to have a place in town
and may take the equity out of their house,

MEDICAL ORIENTED DISTRICT
sell their house and buy a place in Florida and spend some time in Florida during the course of the year. Older singles also are very attracted to this profile for similar reasons as empty nesters but they also like the congregate style of living where your neighbors are in the building and then lastly, women tend to like this form of housing because our building will offer, you know, well-lighted parking areas, well-lighted common areas, and monitoring, security monitoring, and they find this style of living very appealing to them. And lastly, we -- we hold onto our properties, we manage our properties, we hold onto our properties for long term. We are not people that build and sell. So, you know, maintaining the properties well is something that we, you know, do throughout our -- all of our projects. MR. STEINMETZ: Thank you, Glen. Anup, do you have audio now? No. I'm going to take one minute and pinch hit for him very briefly because I know we are going long. I'm going to pinch hit for Anup. So just briefly Trammel Crow for those of you that don't know, a


MEDICAL ORIENTED DISTRICT
speak, but I know he wanted to share with you the fact that Trammel Crow is ready, willing, and excited to be an active employer and provider here in the Town of Cortlandt and look forward to going through the process together.

MS. PUGLISI: Okay. Thank you, David.
MR. STEINMETZ: Thank you.
MS. SHATZKIN: Okay. Thank you so much, everyone. Please give me a moment while I promote our next attendees who will be Anthony Russo and Marissa Turallo from AKRF.

MS. PUGLISI: The town's traffic consultant. (Pause) okay. What's happening?

MS. SHATZKIN: Okay. They're just connecting, Linda. One more moment. Marisa, can you hear me?

MS. TURALLO: Yes, I can.
MS. SHATZKIN: Great. And we're just waiting for Anthony's audio to connect.

MS. PUGLISI: Okay. Great.
MS. SHATZKIN: Anthony, can you hear us?
MR. RUSSO: I can hear you.
MS. SHATZKIN: Okay. Fantastic. And
would you like me to put up the PowerPoint

## MEDICAL ORIENTED DISTRICT

slide?
MS. TURALLO: Yeah, that would be great.
MS. SHATZKIN: Great. Okay. Please go ahead.

MS. TURALLO: Great. Thank you. So good evening everyone. I'm Marisa Turallo, also with me is Anthony Russo with AKRF. We are the town's traffic consultant. We want to just very briefly to summarize the scope of the traffic study which AKRF conducted for the MOD development DEIS. As shown on this
presentation slide at the moment, AKRF evaluated the existing conditions of 23 intersections extending from the City of Peekskill to the New York town border along Route 2235 and in the surrounding area most likely to be affected by the development near New York Presbyterian hospital. As Route 2235 is controlled by New York State DOT within the Town of Cortlandt, both the town and developers are not able to make any improvements to these roadways without approval from New York State DOT. AKRF projected what the future traffic volumes would be assuming no MOD development

MEDICAI ORIENTED DISTRICT
was constructed for the year 2021 which at this point is probably very close to what the existing conditions were pre-Covid. This included analyzing existing and proposed developments in adjacent communities specifically in the city of Peekskill and the town of Yorktown and how those impact this section of Route 202 in Cortlandt. AKRF then projected what the future traffic volumes would be with the proposed MOD development and based on state guidelines. It carefully identified where significant impacts to the roadway would be anticipated to occur with MOD development. AKRF also developed potential improvement measures to mitigate the identified traffic impacts. They're feasible -- sorry. My screen just shifted. They're feasible to address the traffic impacts. These improvement measures also had to meet New York State DOT requirements for implementation and they would be required to be constructed at the onset of the proposed development. We want to encourage everyone to view the detailed traffic presentation for the MOD development which is

MEDICAL ORIENTED DISTRICT
located on the town's website which outlines the full process and the key findings of the traffic report in detail. In addition, we've tried to touch upon some of the initial common questions we've heard over the last few months, however, as the town board and staff have stated, all comments received, including those discussed in the presentation will be responded to fully in the FEIS. Thank you.

MR. STEINMETZ: Thank You, Marisa.
MS. SHATZKIN: Okay. Does that conclude your comments?

MS. TURALLO: That concludes our presentation, yeah.

MS. SHATZKIN: Okay. Thank you so much. I'm going to put you back as attendees, and we will continue with our residents who have signed up to speak.

MR. STEINMETZ: Thank you.
MS. SHATZKIN: Thank you for waiting so patiently and thank you for your presentations everyone.

MS. PUGLISI: Okay. So we are onto our citizens, our public now.

MEDICAL ORIENTED DISTRICT
MS. SHATZKIN: That is correct.
MS. PUGLISI: Okay. Good. Who's up first?

MS. SHATZKIN: Our first resident is Richard DeLorenzo. I'm sorry. Just one more moment here. Richard, if you're here, could you please raise your hand. If you're in by phone, you can press star nine. Great. Thank you. Richard, can you hear me? Given a raised hand permission to talk, (914)4104410231. Is that you, Richard?

MR. MISRA: No. That was Anup Misra.
MS. SHATZKIN: Oh, okay. Sorry. One moment, Anup. Okay. Richard seems to not be here at the moment. We will try to come back to him at the end in case he rejoins.

Next up is Louis A. Picani, president of the Teamsters 456 in Elmsford. Louis, can you hear me? You are muted at the moment. Hold on. Let me unmute you. I sent you an invitation to unmute, Louis. Can you hear me, Louis? I can see that you've joined us.

MS. PUGLISI: Is Mr. Picani there?
MS. SHATZKIN: He is. I can see him.

## MEDICAL ORIENTED DISTRICT

MR. CREIGHTON: Are you able to unmute him?

MS. SHATZKIN: Yeah. I can click unmute but it sends a request to unmute. He's got to accept it. Louis, while you're working that out, I will move to Salvatore Farina. Salvatore, if you called in by phone, can you please raise your hand. Oh, I see you're here. One moment. Hi Sal, can you hear us?

MR. FARINA: Yes. Can you hear me?
MS. SHATZKIN: Yes, we can.
MS. PUGLISI: Yes, we can.
MR. FARINA: Okay. First, I want to thank everybody for allowing me to speak again. I did speak at the other meeting. And --

MS. SHATZKIN: Sal, just for the record, if you could please state your full name and address.

MR. FARINA: Sure, Sal Farina, F-A-R-I-N-A. 3 Northridge Road, Cortlandt Manor, New York.

MS. SHATZKIN: Thank you.
MR. FARINA: Okay. Like I said, I wanted to thank everyone for letting me speak again.

MEDICAI ORIENTED DISTRICT
Before I go into a couple of notes that I made, I wanted to say that in the last meeting, I mentioned that we didn't receive any notices on North Ridge Road or my neighbors in the surrounding blocks. And again, we didn't receive any notice of the meeting or the time or what was going on. But $I$ did send the email to Linda who responded immediately and told me the when, the how, and the time that the meeting was going to go on which I passed onto my neighbors here and that I sent out emails and that $I$ also posted on next door. In the last meeting, also, I pointed out that Northridge Road, Locust Avenue, and the roads in between Northridge and Route 9 were not in the traffic survey. I hope that they are in the survey now or that they have been looked into. As far as Gyrodyne who presented first, not to be redundant but $I$ think that on the 13.8 acres of lands, the hundred thousand square foot medical and the 200 -unit buildings is far, far too big as has been mentioned before. And I haven't seen them reach out or try to make any changes in their plans for the
MEDICAL ORIENTED DISTRICT
town or reach out to any of the citizens to
make changes in those plans. I also want to
point out that if you go onto like the Patch or
you just go on the Internet and you put
Smithtown, New York, you'll see that the same
exact cookie cutter plan that they said was
presented to Cortlandt called the hospital
Presbyterian for the cortlandt residents to fit
with our town is the same exact plan that they
are trying to put in Smithtown, New York and at
this very moment that town is also fighting
against putting in that type of project. From
the last meeting to this meeting, I did have a
phone call and an email from Val Santucci and
Mandy Santucci. I expressed my concerns. They
said they read things that I was quoted in
newspapers saying about the project. And they
wanted to reach out and $I$ had a video
conference with them and I expressed a lot of
my concerns. One, like no hotel. One like no
covered garages or garage buildings. Less
rental spaces, and more townhouses, more green
mar that there's a cradle-to-the-grave

MEDICAL ORIENTED DISTRICT
scenario that works. I don't believe that somebody rents an apartment and then they live there and they move into the 55-plus and then from the 55-plus go to the assisted living. I find it hard to believe that somebody 25 years old wants to live next to somebody 55-plus and vice versa. I think it would be much better if we had more townhouses for 55-plus, more assisted living and less rentals. I expressed these concerns, I also spoke with Tom Walsh who's been very involved with the town and trying to move this more -- this plan more towards a marriage between town and progress, let's say. They did come back to us again and then this time they came back and spoke to both of us. And I feel like they're making an effort to address those concerns. I seen tonight that the same plan was put up but I feel that through our conversations, now, I'm speaking for myself, through our conversations that I believe that they did hear us and I do believe that they're going to make a serious effort to try to modify those plans and try to bring something that's better suited for the

## MEDICAL ORIENTED DISTRICT

surrounding community. Like I said, I don't believe in all this retail space also. You have 4,000 in one project, 7,000 in the other. So you have 11,000 square feet of retail space. If you just go to the beach shopping center, you can see there's seven empty stores. If you go down 202 from the hospital, say all the way down to the Old Grandma's Restaurant, there's another nine empty spaces. And then if you go to Route 6 there's a number of spaces that are empty there. So I think a lot of retail space in a place where most people are ordering online now that we are sheltered in place, $I$ don't know about you guys, but, I have Peapod delivering, I have Amazon boxes that the town probably upset, probably have so many of them that I put out. And a lot of -- a lot of retail does go on online. So I think before we move ahead with all these great retail spaces and expanding, we have to modify that also.

As far as the medical buildings, I think the medical buildings make sense. It works along with the hospital. I think town houses make sense because people have skin in the

MEDICAL ORIENTED DISTRICT
game. It is a community. It is a town. And I think it puts less of a burden when you have a senior -- senior living on the -- the schools. I think it puts more tax revenue into the town because you have people that are older that either are retired or maybe still have a business, but you have more older money coming in. I understand that this big push for like young people for rentals and it's so important, but I don't think at the scale that they are trying to put in. Again, I like to thank everybody for letting me speak again. I don't want to take anyone else's time, but I do feel that some people are trying to make some changes, and I think in the spirit of compromise and goodwill, I think maybe some of those changes will come through. If they don't, you know, then I'm wrong. Which I don't mind if I'm wrong, but I think maybe some of those things will come through and I think maybe it will be better for the town. Thank you.

MS. SHATZKIN: Thank you so much Mr.
Farina. Thank you.
MEDICAL ORIENTED DISTRICT
Mr. Picani, can you hear us? And then Mr.
DeLorenzo, I did find you and I will bring you
up next. Mr. Picani, can you hear us? (Pause)
Okay. Mr. Picani, I still have you with
permission to talk. If you get it worked out,
please do let me know. For the moment, I'm
going to move onto Mr. DeLorenzo. One moment.
Okay. Mr. DeLorenzo, I've given you permission
to speak.
MR. DeLORENZO: Yes. Can you hear me?
MS. SHATZKIN: Yes, we can.
MR. DeLORENZO: Oh, okay. My name is
Richard DeLorenzo. I'm at 2 Ogden Avenue,
which is directly across Route 202 from the
Evergreen Manor proposed MOD development. And
my request is a simple one, and that is the --
be considered as part of the MOD and to -- so
that I have a medical zone for my property.
Under this town code Section 307-60 which
provides currently for medical offices, it says
the purpose of this section is to allow for
medical office buildings to serve the needs for
medical care residences of the town. And
there's three requirements to do that. And I

MEDICAI ORIENTED DISTRICT
had a contract with a doctor -- with a surgeon to -- to buy my property, and we went for the planning, both the planning and zoning boards, and we met the three requirements which are frontage state highway, which I have Route 202, located within a thousand feet of the hospital, which I have. I'm 500 feet from the hospital, and minimum area of 20,000 square feet which $I$ did not have, but we got a variances from the zoning board. So we met all the requirements. However, the process took over a year to get the planning and zoning board. We had to get topographical maps; we had to have our architectural review many conferences with the town. We had to have a -- arborist come in to look at the -- all the trees. Close to $\$ 20,000$, and we finally got the approval from the town for a medical use. However, at that point, the doctor had waited too long and we -he backed out of the -- of the deal. So I'm left with this property. Now, they do have this permit for medical use. However, it expires $I$ believe after a year. So it's not a permanent thing. What I'm requesting is to be
MEDICAL ORIENTED DISTRICT
part of the -- there's only like a couple of
properties that are in this category, 307-60.
And to be part of the MOD and to -- to have a
residential zone since I'm so close to the
hospital and -- and I would like to -- I would
like to be part of the MOD zone. So that's my
only request for you. So thank you.
MS. PUGLISI: Okay. Thank you, Dick. Go
ahead.
MS. SHATZKIN: Thank you so much, Mr.
DeLorenzo. Mr. Picani has -- can you turn off
your mute?
I'll send you an invite for it. Then when
it's been sent -- okay. I will move to the
next individual, John Quartucio -- oh, I'm
sorry. Can you please raise your hand, John.
I'm not seeing you in the attendees.
MS. PUGLISI: Are you there, John?
MS. SHATZKIN: Great. Yes, he's
connecting now. John, I've given you
permission to speak.
MR. QUARTUCCIO: Thank you very much. Good
evening, my name is John Quartucio. I live at
9 Blake Lane. Good evening, Madam Supervisor,

MEDICAI ORIENTED DISTRICT
members of the town board, town officials and staff. Thank you for the hard work to bring us to this point. I've lived in Cortlandt for more than 30 years and with my wife, we've raised our two children here and I appreciate very much the opportunity to share in the discussion regarding the medical-oriented district. When the proposal came to the forefront and the information flow and discussion flourished, we are very excited to see that the plans as envisioned in the master plan adopted in March of 2016 had finally come to fruition and we arrived at a point in time when the draft environmental impact statement, after years of preparation and review by many government agencies and our own traffic study consultant -- commission in 2015, is now before the board and ready to call for a vote and approval at least at this initial phase. I think that the -- we think that the move -this will move us forward and --

MS. SHATZKIN: John, you've -- we can't hear you.

MS. PUGLISI: Is everybody stating their

MEDICAL ORIENTED DISTRICT
name for you, Laroue? Everybody states their name and address. That's important for the record. Can we get this gentleman, John, back on? Is he --

MS. SHATZKIN: Yeah, I know he's still connected.

MS. PUGLISI: Did he mute himself by mistake perhaps?

MS. SHATZKIN: No, he's unmuted. Okay. John, I'm going to mute you for a moment -- oh, and he got this -- there he is. Let's allow him to talk. Okay. John seems to have been disconnected. We are going to move onto the next person. John, I will try to come back to you.

Mr. Tom Walsh. Tom, I have given you permission to speak. Oh, Mr. Picani, I see that you've unmuted. Is your audio working?

UNIDENTIFIED SPEAKER: No, you're giving permissions to the wrong person. This is not Tom Walsh.

MS. SHATZKIN: Oh, okay. No problem.
MS. PUGLISI: Okay. Who are we hearing from, Laroue, please?

MEDICAL ORIENTED DISTRICT
MS. SHATZKIN: Okay. Tom, can you please raise your hand. Tom Walsh, if you're connected.

MS. PUGLISI: Okay.
MS. SHATZKIN: Oh, I see. Okay. Can you hear us?

MR. WALSH: Yeah. Can you hear me?
MS. SHATZKIN: Great.
MR. WALSH: Perfect.
I just want to start off with thanking Supervisor Puglisi and the town board members for all your hard work in these most challenging times we are all facing. I do appreciate all the updates that we have been receiving from the town and phone calls and emails. It is greatly appreciated. Most of my questions and concerns, the MOD zoning ordinance and both developments have already been put in the record in the previous public hearings and via email. I do look forward to seeing all of our comments addressed in the final design impact statement. Before the lockdown began, I did meet with representatives of Gyrodyne to discuss the designs but have

## MEDICAL ORIENTED DISTRICT

heard -- but I've not heard from them since that last meeting. As Sal said most recently, I have met -- we have met with Val and Mandy Santucci to discuss the Evergreen development site. I do appreciate the time they took to reach out to me and several other members of the community to explain their designs, the reason behind the designs and how they proceed with the construction of their project. I do still feel their hotel, office, retail and restaurant buildings are not needed and out of character of the existing neighborhood and the current zoning of the Evergreen site. I feel these uses can be obtained in other commercial areas of the town, maybe within the Heindrick Hudson school district which is in desperate need of additional tax revenue since they are looking at a 24 million-dollar budget deficit going forward. I hope the Santuccis will be good neighbors and address our concerns with a more realistic development for our residential neighborhood. As I was (indiscernible) with the Gyrodyne site as designed is too dense of a parcel and it's news to me now they're having a

MEDICAL ORIENTED DISTRICT
construction entrance on Buttonwood, that's first time I've been hearing of that proposal other than the entrance that they had and not a construction entrance during the whole process. You know, with the installation of a crossgate to appease us, but a number of parking spaces proposed are still not in compliance with the draft MOD ordinance. The overflow of parking is going to be pushed over to Buttonwood Avenue since it's only a short 25-foot buffer. Also, the zoning MOD ordinance does not allow for shared parking. So they must provide the required number of parking spaces as defined under the proposed zoning ordinance or reduce their scope for compliance. I still strongly support the re-drawing of the MOD zoning map to exclude all lots that abut Buttonwood Avenue. Lastly, I want to remind the town board that under the MOD zoning ordinance Section 6A strict compliance, Paragraph 2 states any of the developments do not create an undue adverse effect in abutting properties. Currently designed, both developments do not need this proposed zoning ordinance. That's all I have.

MEDICAL ORIENTED DISTRICT
Thank you guys for your hard work and I look forward to the next phase of this process.

MS. SHATZKIN: Thank you so much. And just for the record, can you please state your address.

MR. WALSH: 260 Buttonwood Avenue.
MS. SHATZKIN: Great.
MS. PUGLISI: And for the record, I love the picture of the kids. They're beautiful.

MR. WALSH: Thank you.
MS. SHATZKIN: Okay. We're going to try again, Mr. Picani. I do see that you are unmuted. Can you hear us? No. Okay. I'm going to give the Weinbergers permission to speak -- okay. David Weinberger, I'm giving you permission to talk. If you unmute yourself. I sent you an invitation to unmute. It is your turn. Hi, David. Can you hear me? David? Okay. Well, David is getting that worked out. We will go to our next, John Vesce. John, I will give you permission to talk.

MS. PUGLISI: Who are we on now, Laroue, please?

MEDICAL ORIENTED DISTRICT
MS. SHATZKIN: David Weinberger. So far, his audio is not working.

MS. PUGLISI: Okay.
MS. SHATZKIN: And I just allowed John Vesce to join. John.

MS. PUGLISI: Thank you. Thank you.
MS. SHATZKIN: Can you hear us?
MR. VESCE: Yes, I can hear you. Can you hear me?

MS. SHATZKIN: Yes, we can. Please. Go ahead, John.

MS. PUGLISI: Yes.
MR. VESCE: Good evening board members and Madam Supervisor. My name is John Vesce Junior. I live at 1460 Elm Street Peekskill New York. And one would ask the question what is a resident of Peekskill getting involved in testifying to the -- to the pros of this project that I've been watching on -- actually, I was quite aware of it before that. And I can only say that I've been a resident of Peekskill for all 67 years of my life. My family is -dates back to the $\mathbf{~} 40 \mathrm{~s}$ in Peekskill. And I can only say that I have for the -- since 1995

MEDICAL ORIENTED DISTRICT
through 2015 commuted to Larchmont, New York where my company at the time was centered. And now the last five years, I'm in the wine business, I'm an importer. My company is at 7 World Trade Center in Manhattan and I've commuted fairly most of the time and with Route 9 being a disaster more or less over the years, I've tried to come out Crompond Road and I've met some additional problems. Obviously, trying to get to the Taconic. And I see this particular project as opening up from the hospital or from the beach shopping center all the way to the Bear Mountain Extension, a pretty needed changes and improvements. Interesting, I grew up in the area and for all my life, I saw the improvements on Route 6 through the Town of Cortlandt and of course up towards Mohegan which is still a bottleneck, but I've never seen anything done with Route 202 or as I grew up Crompond Road. My aunt lived at the corner of Taylor Avenue in Crompond Road just up the hill from where right in the middle of this a block up from Ogden, and I remember sleeping over my aunt's house

MEDICAL ORIENTED DISTRICT
and it's interesting 65 or 64 years later, the road is still the same. My -- my home -- from my garage door to the entrance of the hospital is 1.2 miles. So for some of those that live in Cortlandt that don't even live in the area, I'm just about as close as Buttonwood and so on and so forth up the Crompond Road towards the Cortlandt Lanes. So I can only say from reading and seeing what I've seen that this development plan, if it increases the -- fixes the traffic and the lights, it would be fantastic for (indiscernible) Peekskill go up east towards the Taconic. Plus, it would also open up a pretty good access for the hospital to go up Crompond Road and catch the -- the Bear Mountain Extension which they could go then west and then south rather than go through Peekskill to get to Route 9 and Route 9A to go south. So I see that it's got some interesting things for motorists and I see all the other things that -- some pedestrians and so on and so -- I'm not sure about the buildings, that's for you guys to work out. But as far as somebody that drives the road every day and

## MEDICAL ORIENTED DISTRICT

more and more and more, if I'm not working I travel out to Yorktown. It would be welcomed, the improvements that $I$ see that are on the board, on the development board's plan. That's all I have to say. I appreciate everybody -everybody's comments and thank you for the time or I could speak in the positive for this particular -- hopefully the particular improvements on the traffic. Okay.

MS. PUGLISI: Okay. Thank you so much for joining us. Thank you.

MR. VESCE: Yes.
MS. SHATZKIN: Thank you so much, Mr.
Vesce.
Mr. Weinberger, I have connected you via the phone. You're muted right now. Can you hear us?

MR. WEINBERGER: I can hear. Can you hear me?

MS. SHATZKIN: We can hear you. Go right ahead. Please state your address for the record.

MR. WEINBERGER: Thank you. My name is David Weinberger. We live at 3 Birchwood Lane

MEDICAL ORIENTED DISTRICT
which is off Tamarack in close proximity to the proposed MOD. After spending considerable time reading the planning documents including many appendices and the entire envisioned Cortlandt sustainable comprehensive plan, it is clear that the proposed plans are too big, too dense, too insensitive to the character of the adjacent residential neighbors, will generate too much traffic, will cause more environmental harm than good. There is nothing in the plan to support older residents who wish to age in place in their own homes. The plans are designed for the benefit of the developers, not for the town, and not for the residents. Even worse, the plans will not succeed for two important reasons. First, as proposed, there is no connection to MOD medical goals, and no basis to expect that MOD goals will be achieved. As it stands, we know absolutely nothing about better integration of care, better spectrum of services, high quality of healthcare, reduction of healthcare costs and improvements in patient outcomes. In my submitted comments, I raised numerous questions

## MEDICAI ORIENTED DISTRICT

about the connection of the MOD goals to the plans. I look forward to the responses by the developers or others for how the proposals will accomplish each of these plans. I expect many of my neighbors as well as you and the town board will share that interest. Second, let's not forget that the $M$ in MOD stands for medical. Medical is hospital. Without the hospital, there can be no MOD. The MOD in the envisioned Cortlandt plan defines MOD as using partnerships between the hospital and private practices and other complementary uses in one central area. At the January 14th meeting, Supervisor Puglisi stated that New York-Presbyterian is not participating at this time. Without the hospital, there are no partnerships, no expectation of success and therefore no reason for a MOD and no need for zoning changes. It goes beyond NYP being missing in action. The real issue is we can only make sense of the MOD with public transparent information about New York-Presbyterian plans for the existing campus on the north side of 202. Their intentions and

MEDICAL ORIENTED DISTRICT
actions affect density, traffic, the environment, the economy and the social well-being of our community. Without knowing intentions for the north side of 202 and what would be in the MOD zoning, we are trying to make decisions about the south side of 202 in a vacuum. We might as well just cover our eyes and ears and walk into traffic. Without public transparent participation by New York-Presbyterian, there should be no MOD and no zoning changes.

Last point, without a complete plan, well defined outcomes, and final approvals, the talk about phased implementation to ease our concerns about the MOD has the opposite effect. Without a complete plan, phased implementation could easily result in start and stop work. That's just a foot in the door for developers to leverage undesirable or unapproved outcomes. Alternatively, we could end up with an incomplete project that is a community eyesore. Phased implementation is a solution that is premature and not a replacement for good planning. Thank you.

## MEDICAL ORIENTED DISTRICT

MS. PUGLISI: All right. Thank you so much. Good points.

MS. SHATZKIN: Thank you very much. Our next resident is Thomas LaPerch. Thomas, I'm giving you permission to talk.

MR. LaPERCH: Hi, good evening, can you hear me?

MS. SHATZKIN: We can.
MR. LaPERCH: Oh, good evening. Well, thank you. It's a long meeting. My name is Tom LaPerch. I live at 18 Baltic Place, Brewster, New York. I am a director of the Houlihan Lawrence commercial group and I've been working with the Santuccis for the last 30 years and I'm calling in support of their application for the MOD. I know you have a long agenda and I'll be real brief. I think that there -- the MOD makes sense for a planning view and an economic standpoint. It addresses smart growth. It brings important tax revenues and employment generators to the town. My part-time job is also a planning board member in a local community and so I know the challenges that you are faced, but I think

MEDICAL ORIENTED DISTRICT
you would be going about it the smart way. And I think that this makes a lot of sense as a live-work community. And so I appreciate the opportunity to speak to the board members and thank you for the time.

MS. PUGLISI: Thank you very much.
MS. SHATZKIN: Thank you Mr. LaPerch. Our next resident is John DeBenedictis.

John, I've given you permission to talk.
Can you hear us John?
MR. DeBENEDICTIS: I can hear you. I don't know if --

MS. SHATZKIN: Excellent.
MR. DeBENEDICTIS: I don't know if you're hearing me. Are you --

MS. SHATZKIN: We are. Please continue.
MR. DeBENEDICTIS: Okay. Thank you. Good evening. Nice to see everybody again. It's been a while. You know, I guess we ought to call these things the continuing flight of the Phoenix, you know. Just when these old birds have been cooked and burned, they come out of the ashes again. You know, this is just a big huge project. And it does have a couple things

## MEDICAL ORIENTED DISTRICT

that are worthwhile. I think starting right with the assisted living. Anybody who knows if you've had to find one for someone in your family, they're not easy to find.

Unfortunately, they're usually priced that only the idle rich could live there. Hopefully, this could be a facility that is a little bit more reasonable for people. I think that one of the things that has to be done or should be done with anything that goes on however this thing ends up, is that we need to take care of some veterans. It's really nice today everybody says thanks guys, you know, you guys have been all right, you got your brains blown away and everything else but let's say thank you by providing them with some housing. And believe me, Vietnam era veterans are really in need of housing of all kinds. You know, and usually what happens is we end up saying, well, here we are going to give -- 160 units we want to build, we'll give two of them, let veterans go. That's not going to work. We need to give a substantial number to veterans. Okay. All these housing units themselves, there's a lot

MEDICAL ORIENTED DISTRICT
of them. And each one of them is going to bring two cars, they got a kid or something, you know, probably bring three but that there will be at least two cars there. I don't know. I don't know what you plan on doing to improve the roads but, you know, you are going to have to do a huge amount of improvement to put 500 cars or whatever happens a day on that thing. That's not going to help much. You know. And as far as the medical arts building goes, I haven't got a clue. I'm going to leave that to a professional like Doctor Becker, his associates. They could tell us whether you need 100,000 square feet of medical arts buildings, you know. I don't know what the size of those buildings are down on Westchester Avenue, but, you know, you see there's quite a few of those medical arts buildings along Westchester Avenue in White Plains. I don't know what the size of those babies are, but whatever. But like I said that's for the professionals to tell us whether we need it. It's certainly not the developers. Okay. I know the town would like some sort of

## MEDICAL ORIENTED DISTRICT

development in that, but let's let the professionals tell us the size. Okay. And like I said, much -- way too many units. I mean that -- that just has to -- you don't have to be a, you know, have a PhD in traffic studies and everything else. If you throw that many cars out there, it's going to be congested, you know. A hotel, I don't know. I guess there's a lot of new dollar stores in Peekskill. I guess, you know, maybe they will be doing tours of the empty storefronts in Peekskill. I don't see they'll need a place to stay. It doesn't seem like it's necessary. It really doesn't. And as far as all that open space and amphitheaters and stuff like that, you are just going to take away good land, probably clear-cut the thing and make it look like a bombing. You went through there and you'll kill everything that's alive in that whole piece of property. You know, it needs to be scaled down some. It really does. But like I said, it's not all bad. You know, if we -could use the medical arts buildings, certainly could use the assisted living. If you need to

MEDICAL ORIENTED DISTRICT
put in a few rental apartments or townhouses whatever you'd like, that's not too bad. But certainly not on the scale that this is going for, way too many.

And, you know, I think -- I think the town needs to apply the old common sense rule. Does any of this stuff make any common sense? You know, do we need this many of that, you know? And there's something for everybody in this thing. I mean, you know, you want to -- you want to live in an apartment, we got it. You want to go see a doctor, we got it. You want some traffic congestion, we got it, you know. And finally, of course, we're looking to rezone residential property again I guess. And I've been asking you guys to rezone my residential property in my backyard for years. So I put that jet engine repair shop back there. And nobody wants to do that. Again, residential property is residential property. So I think I do wish the town would take a real good long common sense look at this. And, you know, use the couple of things that are good on it and then really re-evaluate the rest of it. I

## MEDICAL ORIENTED DISTRICT

thank you. I hope you all are well and stay well and we'll see you again hopefully soon. MS. SHATZKIN: Thank you so much and Mr. DeBenedictis, could you just state your address for the record.

MR. DeBENEDICTIS: Say again please.
MS. SHATZKIN: Can you state your address for the record.

MR. DeBENEDICTIS: Yeah. 35 Westminster Drive.

MS. PUGLISI: Thank you, John.
MR. DeBENEDICTIS: Thank you everyone.
MS. SHATZKIN: Thank you. Next up, we have Mr. Tom Russo. Hold on one moment, Tom. Okay. Tom, I have given you permission to speak.

MR. RUSSO: Can you hear me?
MS. SHATZKIN: Yes, we can. Could you please -- for the record.

MR. RUSSO: Thomas Russo, 241 Buttonwood Avenue.

MS. SHATZKIN: Thank you.
MR. RUSSO: Okay. I spoke at two of the live meetings at town hall before. Just real

MEDICAL ORIENTED DISTRICT
quick wanted to state if anybody was in the rooms at those meetings -- meetings, saw how many of our town residents were there and were -- it was obvious to me -- were against this development as it's being proposed. I'm kind of curious as to how many people have called in including Peekskill residents that are for this development? It's rather interesting to me. With that said, I sent an email to the clerk today with seven questions. I'll read six of them into the record tonight because one of them was about the traffic study a couple other people brought up. So let me just go through this quickly so we can get through.

First of all, the hospital and medical offices that are on the Gyrodyne property now were allowed via special permit back in the 1970s and '80s. What I want to know is why is the board considering rezoning and changing the law for the MOD rather than just issuing a special permit again? Second: It's my understanding that one of the other town boards did ask for a traffic study that was updated.

I was wondering if there's an idea when this

## MEDICAL ORIENTED DISTRICT

would be done or if it was done during the Covid shutdown, which would be of no use. Third question: Since nursing homes and senior living facilities were a hot bed of transmission of Covid, has the board considered the overall health and safety of the town citizens that live and work near the proposed MOD area? Four, I'm highly skeptical that there will be a net benefit to the town with regards to tax revenues. Considering the size and scope of the proposal, I'm sure that additional town employees and services will be needed and those salaries and subsequent pensions will completely erode any increase in tax revenue that the MOD will bring in. I really think that an independent study should be done on this. Next, in Section 179-1A Parts 1 and 2 of -- 1 and 2 of the town code, I paraphrases and states the preservation of wetlands, water bodies and other natural resources are necessary to protect the health, safety, and general welfare of present and future residents. The MOD proposal flies in the face of this existing legislative intent

MEDICAL ORIENTED DISTRICT
and should never had even been considered. Six, Mr. James Creighton was instrumental in the development of the MOD proposal as it is written in the envisioned Cortlandt document. I believe his judgment with regards to this matter is compromised and he should recuse himself for any -- from any final vote.

MR. CREIGHTON: Are you asking --
MR. RUSSO: Lastly --
MR. CREIGHTON: -- the town supervisor as well?

MR. RUSSO: Lastly --
MR. CREIGHTON: Thank you.
MR. RUSSO: Myself and my neighbors are intending to request either a permissive referendum and/or a super vote on the MOD proposal. We're in the process of obtaining signatures and we request that the town attorney advise us as to the rules regarding the acceptability and the total number of signatures needed.

MS. SHATZKIN: Okay. Does that conclude your comments, Mr. Russo?

MR. RUSSO: If I could just ten more

## MEDICAL ORIENTED DISTRICT

seconds. To paraphrase Henry David Thoreau, I was reading this the other day and I'm just going to paraphrase it real quick. If myself or my neighbors spend an hour or two each day enjoying the woods and wildlife around us, we'd be in danger of being considered loafers, but if Mr. Santucci, Mr. Steinmetz, and the Gyrodyne people spend the whole of their entire days as speculators shearing the woods and making the earth fall before its time, they are considered enterprising and industrious citizens. I hope that the town board sees this for what it is and really considers the -- the health and well-being of the people on Buttonwood Avenue and the rest of the people that are already residents of this town. That concludes my comments for tonight. Thank you.

MS. SHATZKIN: Thank you so much, Mr.
Russo. Our next resident is Terin Fitzgerald.
Terin, you had originally said you had joined via video. I saw you earlier, I'm not seeing you right now. Oh, there you are. Hold on one moment. Okay. Terin, I have given you permission to speak. Can you hear me?

MEDICAL ORIENTED DISTRICT
MS. FITZGERALD: I can. Can you hear me? MS. SHATZKIN: Yes, we can. Please go ahead and state your address for the record. MS. FITZGERALD: Sure. Terin Fitzgerald 232 Buttonwood Avenue. And thank you, Madam Supervisor, members of the board, thank you very much for letting me speak this evening. We've all been living in a fog for the last 135 days or more. Our feet are not planted, our emotions are high. Our focus is going in so many different directions. We're thinking about lost loved ones, the possibility of contracting the virus, our future, voting, schooling, vocations, safety, our neighbors, the rallies, wearing masks, and mental health. Similar to -- it has been an emotional rollercoaster and we are all very distracted. MS. SHATZKIN: Terin, you are breaking up a little bit.

MS. FITZGERALD: So I don't know what you heard last. I'm saying it's been an emotional rollercoaster and many of us have been very distracted. Many of us are on our computers daily, and our devices more often than we'd

```
        MEDICAL ORIENTED DISTRICT
        like to be. Am I coming through okay? Yes or
        no?
        MR. FARRELL: Yes.
        MS. FITZGERALD: Uh-hum. So while others
        don't have devices and aren't able to be here
        tonight, they are not able to go onto Zoom, I'm
        thinking about the MOD at this point. With all
        the challenges that we are experiencing, many
        of us are not able to think about the MOD. I'm
        just suggesting that the board delay any
        further meetings until we have our -- come to
        some normalcy in our lives. Our schools
        reopen, until our teachers are back in their
        classrooms, until our children are attending
        school. We all want to be rational and make
        good decisions about the MOD. But this is not
        the right time to focus on it. And that's my
        comment.
            MS. PUGLISI: Thank you. Good comments.
        Thank you, Mr. Fitzgerald.
            MS. SHATZKIN: Thank you so much, Mrs.
        Fitzgerald.
    Our next speaker is Stacy Rivera. Stacy,
        I've given you permission to speak.
```

MEDICAL ORIENTED DISTRICT
MS. RIVERA: Hi, can you hear me?
MS. SHATZKIN: Yes, we can. Please go ahead. Stacy, please state your address for the record.

MS. RIVERA: Good evening, Stacy Rivera, 246 Buttonwood Avenue. Good evening, Madam Supervisor and Cortlandt board members and Cortlandt residents. Thank you so much for giving me the opportunity to speak this evening. I'll be addressing new issues versus the ones $I$ have expressed at all the other public hearings we've had. I appreciate all that you have done to keep our community connected during these trying times. But this is not the time to make any major changes for our community. These past few months have created struggles that many of us were not prepared for. Our lives changed overnight from losing jobs, working from home, caring for our children 2/47, fearing COVID-19, getting COVID-19, losing people we love to COVID-19 and so much more. In one way or another, we have all become more vulnerable because we are breathing experiences, money, companionship
MEDICAL ORIENTED DISTRICTand/or loss of people we loved. Manyprofessionals would recommend to avoid majorchanges when vulnerable due to grief and losswhich is why tonight $I$ beg of you to considerCortlandt Manor as people as the community thatI am sure each of you love. We are not at aplace to make such major decisions and changesto our homes and our town. I would also liketo continue with the same idea of how thepandemic has affected not only our communitybut the world. We have learned that COVID-19affected more dense areas. This proposal toadd apartment buildings, assisted living,hotels, would only create a more dense areawithin Cortlandt. It will only impact -- itwill not only impact traffic, residentialzoning, and the environment, but it will makeus more vulnerable if there is a second, athird, or who knows how many waves of thisdeadly virus. So please, put Cortlandt'shealth and safety into consideration duringthis vote. I beg you to reconsider, to slowdown, and not make any major decisions until weare past this health crisis. Thank you so much

MEDICAL ORIENTED DISTRICT
for letting me speak this evening, I hope you are all safe and well and as with your loved ones.

MS. PUGLISI: Okay. Thank you.
MS. SHATZKIN: Thank you very much, Stacy. I do appreciate it. The next person on my list is Mr. Carson Jacobs. Carson, can you raise your hand please.

MS. PUGLISI: Who's next?
MS. SHATZKIN: Mr. Carson Jacobs, if you could raise your hand. Okay. Carson does not appear to be with us.

Up next is Mr. Edward Soyka. Mr. Soyka, I'm giving you permission to speak.

MR. SOYKA: Hello, can you hear me?
MS. SHATZKIN: Yes, we can. Please go ahead.

MS. PUGLISI: Yeah.
MR. SOYKA: Okay. Hi everybody. This is the third time that I've spoken on my environmental issue. I own a property, 231 Lafayette Avenue. And I have a beautiful pond on my property that provides not only wonderful place to be but a considerable value to my

## MEDICAL ORIENTED DISTRICT

home. And my pond is south of Orchid Lake which is a considerably large size body of water for this -- these parts. Connected by Dickey Brook and Dickey Brook continues to the Hudson. My concern is the fact that Orchid Lake is supplied its water source from the surrounding wetlands. And what we're talking about here is a complete upheaval of all the land connected with the development near the lake and that is Orchid Lake. And my -- my real major concern, during times in the summer and even now, very little water is coming from Orchid Lake down Dickey Brook through my pond. So little, in fact, it's nothing more than a bathtub faucet running water, that little water. So my concern is if you -- if what we have is a complete disruption of the wetlands around Orchid Lake -- by the way, that has to happen when you have these massive five -- four and five-story buildings, and you have all of this blacktop for the parking which covers the majority of that area. And all of that weight pushing down on the wetlands which is somewhat like a sponge and if you put pressure on a

MEDICAI ORIENTED DISTRICT
sponge, the water isn't held. And if the water isn't held when there is rain, like in the spring, what happens is the wetlands doesn't function to give off the water during the summer when you need it. So anyway, I can't see how this development can happen as it is and not throw off the water source. I have been informed by town officials that there is strong environmental laws in place and I'm looking forward for them to be enforced strictly. I'm also concerned that I've brought up this issue of -- now, this is the third time. I just want to make sure that someone from the town or whoever, comes to my property to see what I'm talking about. Okay. I'm the only one who would really know about the water flow issue in the wetlands. And I think it would be a good idea for someone to come soon so we can see exactly what we're dealing with here. Anyway, I appreciate what everybody's trying to do, which is trying to be reasonable. My overall feeling about the development is the development, it was not developed, the universal design principle of form follows MEDICAL ORIENTED DISTRICT
function. That's -- that's pretty much how design is supposed to be useful. This development is an entity to itself without a correlation between what it is, how big it is, what it does, and the corresponding environment and the impact on the people which is simply not there. There's no connection. And therefore, it should not be developed, this development should not be permitted to be without considerable improvement. So I think that's about all I need to say. I would like to know when I could expect somebody to come by and look at my pond issue.

MS. SHATZKIN: Okay. Mr. Soyka, does that conclude your comments?

MR. SOYKA: Yeah. I just want to make sure that someone will be coming to inspect my pond relative to my concern. Because right now, see, my concern is that.

MR. WOOD: Well, what -- Mr. Soyka, this is Tom Wood. As, you know, we're collecting comments and -- about the project. We hear all of these. What happens now, while the comments are being addressed, there may very well be a

MEDICAL ORIENTED DISTRICT site visit and, obviously, you be would contacted so you could be there to take, you know, to have your input when they're there. So --

MR. SOYKA: Well, thank you for explaining that because again I'm in the dark about what it is. And when I first heard about this meeting, I'm thinking is it going to be a panel vote, you know.

MR. WOOD: No. No. No. What this is a continuation of the prior meetings. And -- all the comments from the prior meetings are still going to be considered as well as any additional comments. So it doesn't matter how many times you mention the wetlands issue, one time is sufficient to get it studied between the completion of the draft comments and the final impact statement.

MR. SOYKA: Well, that's good. I don't have to come back and say anything else anymore. That's very good. I appreciate --

MR. WOOD: Not at this stage, right.
MR. SOYKA: And I don't have to bug you either.

## MEDICAL ORIENTED DISTRICT

MR. WOOD: No. Any time. Any time. Thank you.

MR. SOYKA: Anyway, I think -- I think that's what it -- that's my comments.

MS. SHATZKIN: Okay. Thank you so much, Mr. Soyka.

The last resident who has signed up is Mr. Dan Bizzoco. Dan, if you called in, can you please raise your hand. Hi Dan, I've just given you permission to talk. Can you hear us? You're muted right now. I've sent you an invitation to unmute. Okay. Carson has come back on. One, two, three, four. Carson, can you raise your hand, please.

MR. WOOD: If I may just advise, the supervisor is missing from Zoom. There's a power failure at her location right now. So I just received a cell call to advise me to -- so the deputy supervisor will have to coordinate things until she's able to get an alternate source of power to get back on.

MS. SHATZKIN: Okay. Mr. Bizzoco, you do have permission to speak at this time. And I have sent you a request to unmute.

MEDICAL ORIENTED DISTRICT
Okay. And last but not least, Mr. Picani, are you still with us? Okay. Mr. Picani seems to have left. Okay. Tom, do you want to advise -- this person. So far, Mr. Dan Bizzoco does not seem to be able to do audio. He is my last resident.

MR. WOOD: Well, he can always submit his comments in writing too because the record will be kept open.

UNIDENTIFIED SPEAKER: Yeah. I was just going to say that, Laroue, are there any other speakers tonight?

MS. SHATZKIN: Not on my list. We were then potentially going to open the floor.

UNIDENTIFIED SPEAKER: Why don't you go ahead and do that then.

MS. SHATZKIN: Okay. For those residents who were unable to sign up but would like to make a comment at this public hearing, I'm going to take a deep breath because there are 143 of you currently on here. If you could please raise your hand for those of you who are on with a telephone, you do that by pressing star nine. If anyone wants to speak. Okay.

> MEDICAL ORIENTED DISTRICT
> Here is my first one, (914)815-8447.
> MR. QUARTUCCIO: Hi. This is John Quartucio.

MS. SHATZKIN: Hi. Mr. Quartucio, could you please state your address for the record. UNIDENTIFIED SPEAKER: He got cut off. MR. QUARTUCCIO: I apologize for the confusion. For some reason, I was bumped off earlier.

It's John Quartucio. I live at 9 Blake Lane.

UNIDENTIFIED SPEAKER: Go ahead, sir.
MR. QUARTUCCIO: Thank you very much. Good evening, Madam Supervisor, members of the town board, town officials and staff and then I would really appreciate and thank you for the hard work to bring us to this point. I've lived in Cortlandt for more than 30 years with my wife. We raised our two sons here and I thank you very much for the opportunity to share in the discussion regarding the medical-oriented district. When the proposal came to the forefront and the information flow and discussion flourished, we were excited to

MEDICAL ORIENTED DISTRICT
see the plan as envisioned in the master plan adopted in March of '16, had finally come to fruition. And we arrived at a point in time when the board can act on the draft environmental impact statement after years of hard work and preparation and review by many governmental agencies and outside agencies as well as the traffic study commissioned by a -by a firm chosen by the town as far back as I can see in 2015. And now, we are before the board and ready to call for a vote and approval of this long-awaited step which will move us forward and stimulate growth, progress, and further the economic stability of our town. I have had the opportunity to review the plans and the proposal which to me is consistent with the master plan. I have listened to the questions and concerns of my neighbors expressed throughout the process and understand that those questions and concerns out of necessity have been addressed. The traffic study by the town's consultant and prepared by the town, summarized at length findings related to the primary corridors, the intersections,

> MEDICAL ORIENTED DISTRICT side streets, considered pending projects in neighboring communities, Peekskill and Yorktown as well as other ongoing projects within the town and recorded assuming no changes or mitigation that conditions only worsen with time. However, with the mitigation proposed, and at the expense of the stakeholders, it was the opinion of the consultant that traffic flow would improve and the delays along the corridors would lessen. These changes and modifications can only be accomplished by the stakeholders who will both pay for the changes and also donate the needed land and it was my opinion having listened to the presentation this evening and also the presentation online that our consultant made it very clear that without these changes, and without the approval of the MoD that the -- that the -- that the traffic will -- as indicated continue to worsen. But putting aside the traffic impact and more importantly the enhancements to the this will greatly benefit our entire community

MEDICAL ORIENTED DISTRICT
both young and old. The need for readily available, high-level healthcare has been pressed into our consciousness by the current Covid pandemic that has shaken our nation, has touched all of our lives in one way or the other and continues to present a very clear and obvious threat to our community health. We are fortunate to have the New York-Presbyterian health system join our well-established healthcare establishment and the MOD can only serve to enhance medical availability locally and provide access to the highest level of healthcare. The addition of the medical office space and laboratory facilities will bring these services to a centrally located and accessible location. Unfortunately, we've all known friends and family and others who are in need of or have needed essential care sometimes outside our community, and many with severe conditions have unfortunately been caused to endure the rigors of travel which is at times very difficult for those stricken by illnesses. These long journeys outside the community make -- are untenable rendering treatment -- needed

MEDICAI ORIENTED DISTRICT
treatment even more draining. Additional resources available will no doubt help those among us fight the fight that needs to be fought. During the time that $I$ have lived in Cortlandt, I've witnessed dramatic changes in trends and medicine, improvements to our hospital, updated equipment and 20430 private investment in the hospital by those in our community. And with the addition of New York-Presbyterian where perfectly poised to take this next step forward as envisioned by our master plan. The availability of state of the art healthcare is at our doorstep and I believe that approval of the MOD will greatly enhance existing resources. The need for emergency care followed by a continuum of care is obviously essential to a successful medical outcome. The addition of the assisted-living units will be available to our seniors, will allow them to comfortably -- comfortably age in place with medical resources readily accessible if needed while remaining close to family and friends. The hospital itself is a major economic anchor in town and one of our largest MEDICAI ORIENTED DISTRICT
employers. The project will immediately create many construction jobs as well as permanent employment opportunities within the MOD and surrounding businesses and will more than likely attract new businesses and residents to our area. I believe that many of the questions and concerns expressed during this process have been addressed. I'm aware that we are here tonight at one of the initial stages of the approval process, and that there remain -- or, at least, two remaining stages in public hearings will follow. I believe that this board, the planning board, will carefully monitor the progress of the project.

And in closing, I would like to say that I had known the Santucci family for many, many years. And I'm aware as are most of us here tonight listening in, that they had been for many years a valued asset and part of our community. They are very invested in our town, and I am confident that they will proceed both professionally and responsibility with continued cooperation in the best interest of the town at heart. Thank you for allowing me

## MEDICAI ORIENTED DISTRICT

to speak tonight and I trust that you will give careful consideration in moving this proposal forward. Thank you.

UNIDENTIFIED SPEAKER: Laroue, let me just jump in and make a comment here.

MS. SHATZKIN: Of course.
UNIDENTIFIED SPEAKER: For those who aren't aware, the supervisor had some power issues. So she's not able to participate at this moment, but please rest assured that she will hear and read all of your comments. So she will very much continue to be a part of this meeting. Secondly, we will continue to listen to all of your comments. We want to hear from all of you tonight. And finally, for those who joined a little late, Mr. Wood started out by saying that there will be a vote today. And I just want to reiterate that we are going to vote not to approve or disapprove or modify this proposal -- these proposals in any way. We are simply voting to close the public hearing. And so you'll still have the opportunity to submit your comments in writing to the town by the town clerk, you can send

## MEDICAL ORIENTED DISTRICT

your comments to town hall in writing, the old-fashioned way and every one of these will be included. If we do vote in the affirmative to close the public hearing tonight, all this does is -- it takes all these comments, all the issues you'd raised tonight and everything that's been raised since January and it sends it to the developers and says, this is what you need to respond to if you have any plans to continue moving forward. So with that, Laroue, please we would love to hear from the rest of our residents. Thank you.

MS. SHATZKIN: Okay. All right. Thank you so much, Mr. Quartucio. I'm going to disable talking.

If anyone else would like to speak, please raise your hand. Okay. This is (914)441-0231. Can you hear us?

UNIDENTIFIED SPEAKER: Laroue, (indiscernible). I didn't mean to press that button. Sorry.

MS. SHATZKIN: No problem. Okay. This is (914) 815-8447. You've been given permission to speak. Can you hear us? (914)815-8447.

> MEDICAL ORIENTED DISTRICT
> UNIDENTIFIED SPEAKER: That's a second number that I have. This is John Quartucio. MS. SHATZKIN: Oh, okay. No problem, John. One moment. Okay. Again, to members of the public, if you would like to speak, please raise your hand. If you are on the phone, you can do so by pressing star nine. Tracy O'Brien, I'm giving you permission to speak. Please state your name and address for the record.
> MS. O'BRIEN: Tracy O'Brien, 18 Forest Avenue. I just have to question, if the meeting is publicly closed, say there are changes and you end up modifying it and making it smaller, does that information come out to the public if there's no more public hearing, is that what that means?
> the form of modifications to the projects. public hearing on the first draft of these documents. Questions will be responded to then there will be another public hearing and at that time, you'll be able to comment on the mesponses and some of the responses may be in mood: It doesn't mean -- this is a

MEDICAL ORIENTED DISTRICT
MS. O'BRIEN: Okay. Great. I appreciate it. Thank you.

MR. WOOD: Thanks.
MS. SHATZKIN: Okay. Thank you so much, Ms. O'Brien. Okay. Would any other residents like to speak? Please raise your hand at this time. Okay. Mr. O'Connor, I'm giving you permission to speak. Please state your name and address for the record. Mr. O'Connor, can you hear us? Mr. O'Connor, you've been given permission to speak.

Okay. Is there anyone else in the public?
Mr. Weaver or Ms. Weaver. I've given you permission to speak. Mr. And Mrs. Weaver.

MS. WEAVER: Hi, yes. This is Sarah
Weaver at 254 Lafayette. Thank you everyone for your commitment to hearing the public's feedback about the proposed plan. Earlier in the presentation, there was information about who would be potential targets for the residential buildings in the apartments there. My questions are about who actually -- how much would the rent be, who is actually able to afford that? I was compared to people in their

> MEDICAL ORIENTED DISTRICT 20s or 30 might not be able to afford a mortgage in the area for a home but could afford these apartments. I'd like to understand the difference between an average mortgage rate in this area versus what the apartments are going to be going for. I assume that these are -- as they are described -- more luxury apartments and from my personal research, I know that those rents per month are actually fairly high. So I'm curious the difference between what a rent in this area would be for those apartments versus an average mortgage. And if they're also targeting employees of the hospital, would the employees' salary actually be able to afford these places. Kind of the same question about the assisted living. Of course, I understand the need for assisted living in our, you know, communities and as people are aging being able to find places for them but will these assisted-living facilities be able to be affordable for the people in the area? Those are really important access to. Additionally, the -- there was just

## MEDICAL ORIENTED DISTRICT

a recent comment about building up the medical industry in our area and that being something that can really bring additional value to this community which I don't disagree with.

However, the hotel, the cafe, the apartment and the gyms really have nothing to do with the medical aspect there. So if that's an important part of the plan -- of building our medical community, you guys, should really re-evaluate it. Thank you.

MS. SHATZKIN: Thank you so much Ms.
Weaver for your comments.
Mr. Greg Connor, can you hear us?
MR. CONNOR: Yes, I can.
MS. SHATZKIN: Okay. Please state your name and address for the record.

MR. CONNOR: Gregory Connor, 275 Lafayette Avenue.

MS. SHATZKIN: Okay. Go ahead.
MR. CONNOR: My concern is the distance from route -- from the hospital, the street -I can't say the name of the street. If you think about the -- the -- I'm having a problem here. The distance -- the elevation from 20 --

> MEDICAL ORIENTED DISTRICT
> 202 to the top of Lafayette Avenue, you're probably looking at between 60 and 100 feet. And when you look at the drawing that the -there is no -- everything shown is very low. And that would not be the case. You would have buildings that would basically -- on the -- on -- on the other side of 202 , that would be twice as high as the hospital. If they're built up on the top of the ridge. Up at the top of Cortlandt Manor -- Cortlandt Avenue. So I just want you to be aware of that. That those drawings are not accurate in the sense they are not showing any elevation. If you look -- if you drive up 202 heading -- heading south towards Yorktown, you're basically -right where we are now, my house is 400 feet above the river, the Hudson River. So you figure from the bottom of 202 to the top of Lafayette, it's at least 60 to loo feet in elevation. And those drawings that were shown to us shows everything at a level down 202. And, obviously, you got buildings that go all the way to the back of the property. And those tings would be up on the top of the ridge.

## MEDICAI ORIENTED DISTRICT

So being up on top of the ridge, you would have buildings that are, what, four to five stories high. Those buildings would be sitting at the same level or higher than the hospital. And I think that would really -- affect the look of our neighborhood. You know, it's just something I've never heard talked about and all these people come and tell us what they're doing, nobody is taking that in consideration how, you know, from the bottom of 202 to the top of Lafayette, I imagine that it's 60 to 100 feet in elevation. And when you put a building up at the top of that ridge, you have the -you're going to be looking at least at the top of the hospital or even a building that's even higher than the hospital. So I just wanted you folks to be aware of that. You know, if you drive up 202 to the top of Lafayette, you know, you don't really realize it until you get to the top how far it is in elevation. So $I$ know that's something that's at the bottom of your thoughts, but keep that in mind. Because there's a number of houses up here that have nice fields and property with trees and they

$$
\begin{aligned}
& \text { MEDICAL ORIENTED DISTRICT } \\
& \text { don't want to be all of a sudden looking down } \\
& \text { at a building that's going to be twice as high } \\
& \text { as the -- the hospital. So thanks for your }
\end{aligned}
$$ time.

MS. SHATZKIN: Thank you so much, Mr. Connor.

Are there any other residents who would like to speak, please raise your hands. Margaret Mahoney, I'm giving you permission to talk.

MS. MAHONEY: Yes. My concern -- first I live at 6 Clinton Avenue, Cortlandt Manor, New York. My concern is I thought I was going to come tonight and be presented with a smaller, downscale plan. I was rather disappointed not to see that. I thought that was part of tonight. I am also concerned if we reached out to the fire department and our local police departments to have their input in terms of emergency services to assist in these new addition to our community. And I think that's another area in addition to everything else that people have spoken about that we really need to look at. Thank you.

MEDICAL ORIENTED DISTRICT
MS. SHATZKIN: Thank you so much, Ms. Mahoney. I'm so sorry, what was your address again?

MS. MAHONEY: 6 Clinton Avenue.
MS. SHATZKIN: Thank you.
Okay. If there are any other residents who would like to speak, please raise your hand. Okay. At this time, I do not have any additional hands going up.

MR. BECKER: Okay. I want to thank everyone for participating tonight. That's what this is all about. It's a public hearing and we want to hear from everyone. And again, I want to reiterate that tonight is not an ending of anything. It's the beginning of the beginning. This process, even if everything -when speeding forward which is a year or two away from putting a shovel in the ground for anything. So we have a long way to go. The purpose of tonight was to gather those comments and the last speaker, and also some of the comments I've read on the $Q$ and $A$ in the chat referenced -- is anyone and I presume that's the developers here in the community that the
MEDICAL ORIENTED DISTRICT
community feels that this is a very large
project and too large for the area. The whole
point of that is to get these comments and
refer these comments forward to the developers.
This is the draft period where we're drafting
the environmental impact statement saying this
is what you need to address. And the
developers both of them need to come back and
respond to each and every comment that has been
made and we will make sure that they do so.
Do any of the other town board members
want to make a comment tonight?
MR. FARRELI: Not I.
MR. BECKER: Jim or Debby?
MR. CREIGHTON: I have just one comment.
Somebody along the way, I guess made a comment
about my involvement as part of the master plan
committee. And I guess there's probably a need
just to explain: I mean, it's been said I
don't know how many times now, but, you know,
the town board that's -- that's the current
town board that you're -- that's hearing this
right now, is the board that adopted the award
winning envision Cortlandt sustainable master

MEDICAL ORIENTED DISTRICT
-- comprehensive plan back in March of 2016. At that time, $I$ was on the planning board. I was an appointee by the town board to be on that master plan with more than a dozen residents and town members and consultants and members of the public to look at these plans. And there was a tremendous amount of outreach to the communities. There were public hearings. There were town surveys that people responded to. And all of these things were -were taken and the MOD, the medical-oriented district was developed in response to the comments from the public. As a member of the planning board, I had a number of items that I was very concerned about with something like this. The MOD, the first thing and the only thing that we said would have to happen if this were ever to get off the ground is to fix the traffic. Right now, the traffic on Route 202 is unacceptable. It has been for a long time. What people seem not to have focused on is that this MOD concept resolves that. If there were no MOD, if there were no proposal that came to the town, the traffic is worse than if they

## MEDICAL ORIENTED DISTRICT

built everything that they said they wanted to build. Now, I have not made up my mind about this project. I am a town board member. I'm listening. I am open. I have made no comments up until this time as to whether I prejudged this project, whether I think it's too big, too small, perfect or not perfect. I do have issues and so many of the residents have raised those issues and I'm so proud of this town for understanding planning and understanding that what really matters and what kind of answers we need before we can go forward with something like this. But make no mistake, this was something that was, you know, a huge town wide project to look at what our future looks like in this town. And, you know, the -- the -- the sustainable master plan was something that we had -- the town was very proud of it. Our supervisor, Supervisor Puglisi was very proud of this plan and has spoken on it many, many times and was very happy to receive the prestigious New York State Planning Federation award in 2016 at their annual meeting. And we were also chosen for a planning achievement

MEDICAL ORIENTED DISTRICT
award by the Westchester Municipal Planning Federation at their competition. This is a hugely -- this was -- this was not just -something somebody scratched out on the back of a napkin. This was very well thought out. But everything requires details. The devil is always in the details. And now as a member of the town board, I get to sit on this side of the fence and see what is coming before us and we together get to decide whether this is right for our community, whether this is too big, too small, whether -- whether all of the things that need to be looked at and addressed can be answered and mitigated. So today, I'm very happy that we're able to get to this point because we started in November of 2019, taking comments from the public, hearing from you, hearing what you think is good about this, and what you think is not good. And I think the public has done a really good job of explaining to the developers, explaining to the town, the issues that they see. So right now, I mean, if we -- if we stretch this out, another month, another five months, another ten months, which

MEDICAI ORIENTED DISTRICT
we can't, we'd get sued, but if we did, you wouldn't have those answers. Right now, when -- when we vote, we vote only to close the public hearing so that we can start getting answers to the public. Once we have the answers and we know what we're looking at and whether any of the issues that have been brought up can be mitigated, the town board then will later be able to talk with your feedback about whether this is right for our community. So I kind of jumped in to speak not on that, really but because somebody felt it was necessary to -- and ask me to recuse myself from consideration of this project. I'm not really sure what that request was. I didn't hear him say that he wanted the supervisor, Linda Puglisi, to recuse herself. She was the chairperson of that committee. She was the one what accepted all the awards and she was a partner with all of us. All of the town board, all of our town joined in this effort. So I suspect the person thinks that I have a view of whether this is right or wrong or whether I'm going to, you know, vote yes or no for this to

MEDICAL ORIENTED DISTRICT
happen. But $I$ haven't decided. Right now, we're in the middle of a -- a fact-finding mission of hearing from the public, taking the comment and allowing the developers and the town to take those questions and come up with answers. So, you know, just -- just to issue that thought, to the extent that somebody thinks $I$ have a conflict of interest, $I$ have no interest in this. No financial or otherwise, direct or indirect or any business or transactional or professional activity that has anything to do with this project except that I want what is best for the Town of Cortlandt. That's what $I$ was asked to do as a member of the planning board. That's what your town board is asked to do and that's exactly what I'm doing. So at this point, I appreciate the comment and his request to recuse myself and I respectfully decline. Thank you --

MS. SHATZKIN: Deputy supervisor Becker, we have had a resident since raise their hand. Are we still --

MR. BECKER: Sure. Hang on one second. Councilwoman Costello, do you want to make a

## MEDICAL ORIENTED DISTRICT

comment?
MS. COSTELLO: Yeah. I just wanted to just kind of reiterate a little bit of what Doctor Becker said but just sort of put it in a different way. There's been quite a few comments that said how can there -- you're not seeing a downsized version of this? Why is it the same thing? The reason you're seeing the same thing is because we haven't closed the public hearing yet. We are still in the process of gathering comments. If we don't close the public hearing, and we put it off until next month and we have another meeting like this next month, you'll see the same thing. So we're not going to see a change, we're not going to see anything different until after we close the hearing and give all the comments to the developers to then incorporate and make those changes and then bring back to us. And when they bring it back to us, we'll have another public hearing. Tom, please correct me if I'm wrong. But --

MR. WOOD: Absolutely.
MS. COSTELLO: But that is the reason why,

MEDICAL ORIENTED DISTRICT
you know, many of you have expressed a little bit of angst that you're hearing the same thing and that's because we left the comments open. In January, when we had our meeting, there was a lot of people who said don't close it, don't close it, don't close it. We still have a lot of concerns. We still have a lot of questions. So we left it open. We didn't have it in March and April due to Covid and not knowing what was going on. But the longer we put this off, the longer it's going to take to give -- we want to close it so that we can -- we can say to the developers, here's all the comments, now, come up with a solution. So that is -- I hope that sort of answers your questions for those of you who are aggravated that you're seeing the same thing. You'll see something different once we close the public hearing and have -- and take -- give it back to the developers, put it in their hands and say, now, answer all of these questions. So I hope that kind of clears things up a little bit.

MR. BECKER: Thank you for the clarification. Laroue, any other citizen?

## MEDICAL ORIENTED DISTRICT

MS. SHATZKIN: There's Ryan Russo. I'm going to give you permission to speak. Mr. Ryan Russo, you have permission to speak. MR. RUSSO: Yeah. I think -- it's Tom Russo. I had posed the question that $M r$. Creighton just responded to. Okay. Just two things, Mr. Creighton: $I$ was at the meeting in November which a couple weeks before that meeting, $I$ can assure you that there was a very big grassroots effort on Buttonwood Avenue and Lafayette to give people in this town an idea of what was going on because very few people knew. You referred to that survey and it was discussed at the meetings in November and then again in February that nobody, nobody on Buttonwood Avenue or Lafayette, that we know Of, were part of that survey, got anything in the mail about that.

MR. CREIGHTON: It was the entire town.
MR. RUSSO: Okay. We didn't get it. Can you prove that we got it? Because I assure you we didn't, sir.

And then the last thing $I$ want to ask you is, you keep bringing up, should Linda recuse

MEDICAL ORIENTED DISTRICT
herself? Are you -- is it your assertion that she was as involved in the idea and the writing of that document?

MR. CREIGHTON: Yes. She was the chairperson at every meeting. So she has every bit to be proud of what this plan says, and she has nothing to do with what these developers are bringing forward. That's a completely separate issue. But if you think because $I$ was on the master plan committee that I should recuse myself, then you need to ask Linda to recuse herself too and that's unacceptable. I think that's really rude.

UNIDENTIFIED SPEAKER: Fair enough.
UNIDENTIFIED SPEAKER: Thank You.
MR. RUSSO: Thank you.
MS. SHATZKIN: Okay. Thank you, Mr.
Russo.
We do have one other resident who has raised their hand, Gina Thomasset. Gina, I'm giving you permission to speak. Can you please state your name and address for the record.

MR. THOMASSET: Can everyone hear me?
MS. SHATZKIN: Yes, we can. Please go

## MEDICAL ORIENTED DISTRICT

ahead.
MR. THOMASSET: Thank you for this opportunity. I live at 5 Clinton Avenue in Cortlandt Manor. I'm up the road from Conklin. A couple of things, whenever you mail something I know for a fact that the postal service doesn't even give us the recreational booklets anymore. So if the town is basing that they are mailing stuff through the Peekskill office, post office, the residents are not getting any of these. I never got a survey either. So I agree with the last gentleman. So $I$ just wanted to really express that. I understand the town is doing its very best to communicate with the community. I got it. Our post office is awful. We don't get 95 percent of the stuff that you are sending out any way. So just point of information for you. Secondly, I guess I went to the both the November and January meeting, and one of the things that $I$ see that the community or at least the people that are represented in the caucuses that are meeting with you -- with the board and of course the supervisor is that it's not wanted

MEDICAL ORIENTED DISTRICT
and I think it's pretty clear that everybody is saying like we don't want this. So I guess the fear of the community what I'm hearing from a lot of my Cortlandtites is that we feel helpless because once you close the door, we have to -- we are basically putting it in your hands. We're saying we don't want it and it's like nobody is listening. It keeps going on and on well, they'll modify it. We don't want it where it's located. Put it in Buchanan, Montrose, put it in an area where there's a major thoroughfare. 202, I don't want you widening 202. I live off of 202. What are you going to make it into? A Route 6, four-lane highway? Are you buying now -- New York State buying land? So that's -- I think is the angst that you're hearing. Everybody is saying -and -- going on, people with the proposal downsizing it, whatever. I don't know if the school district will be able to facilitate all these families or 20-year olds (indiscernible) are living in these apartments. It's just very concerning and I think that's where the angst comes. So $I$ just wanted to comment on that, is


MEDICAL ORIENTED DISTRICT
so long is because we want to give the community the opportunity to send their comments and the process that we're following is a legal process that's spelled out and there are certain deadlines that we must comply with in which how long to keep the public hearing open, how -- and then there are restrictions that we must close it in fairness to the developer. I think the gestalt of this board is that we believe in MOD and we believe in the TOD, which is as you were saying earlier Ms. Thomasset that -- you said put it in another part of town. Well, there's a TOD in vicinity of the train station which is the transit-oriented district, and issues will come up there as to what's developed. Now, so when the medical-oriented district, the concept was simply to have businesses that relate to the medical community and we've heard comments that some of the proposals today thus far, are not medical and maybe not belong there and I think some of us may agree with that. The second is that we're hearing from all of the majority I'll say, is that the project

## MEDICAL ORIENTED DISTRICT

may be too large and I think many of the board members feel that way too. They're in total, I believe, and someone could correct me if I misread the data but there are seven separate proposals for these two parcels included assisted living, hotels, retail on both, medical building on one, and residential structures. And I think all of us, from the supervisor down, feel that seven developments going on in these two lots is way too much. And I think most of us feel that something on a smaller scale that fits the area is appropriate and I believe that we all feel that nothing should be built unless the traffic is improved because what exists now is not acceptable. It must be improved. So this is just, as I said earlier, the beginning. We wanted to get all your comments. The idea tonight is to close the public hearing, giving you the rest of the month of June to comment in writing so that we can collect all this information, give it to the developers and say, come back when you're ready. And I think they'll be hearing from all of us that seven is way too much. Something in

MEDICAI ORIENTED DISTRICT
the range of one or two on each lot is more appropriate. Figure out what's economically feasible and work with the consultants and to improve the traffic and then we will consider that. And that does not mean the final answer even then. So this is a whole process that's set up by the SEQRA law that states what must happen in what sequence, what must be addressed and we are going to address it all. No one here is ready to approve this project as it is now. I believe all of us would like to see something done. Certainly developers have the right to develop something, but we want it to be scaled appropriately. We do not want to change the character of the neighborhood. We do not want to burden the neighbors there. We want to improve things and we certainly want traffic to improve. And just as an aside, if you look at Route 6, the traffic there was abysmal, and this board went through the same SEQRA process with the Acadia, the new ShopRite that's open there to ensure that the traffic would be improved and sewer lines were put in and I think everyone would agree in town that

## MEDICAL ORIENTED DISTRICT

that road is much improved even pre-Covid. So again, tonight, I'm going to ask the clerk to read the -- the public hearing again so that this board can take a vote. The vote is to close the public hearing or not. If we close it, that -- we will collate all the comments, every single comment, no matter how it came in, email, snail mail, telephone calls, comments will be sent to the developers and they -nothing will happen until they respond. And one other comment you make, Ms. Thomasset, is that people -- and the prior speaker, that notices were not received. I believe, and again, the two attorneys can correct me, planning can correct me, but I believe we were in the vicinity of 200 neighbors that we had to notify and we did about 600 because we wanted to make sure that the community knew. It is on our website. It is on our social media platforms. We are doing the best but it is hard to get the word out. It's also carried in some of the local newspapers. So we are going to continue to do what we can. We will continue to keep everyone in the loop. Nothing

MEDICAL ORIENTED DISTRICT
will be done behind closed doors. This is going to be the most transparent process that -- that can be done legally. We hear you. We hear the opposition. We hear the concerns. We're here to make this community better. We want traffic improved. We want development that's appropriate for this community. We do not want over development. We understand the concerns. I'd also like to see sewers on Tamarack. You know, $I$ have a wish list for all the communities. I want to make sure this doesn't interfere with Buttonwood and I think I'm speaking for all the members of the board tonight. Linda will not be able to participate in this vote, but nothing will be passed without her comment yay or nay. It would have to be three positive votes to carry the day. So I'm hoping that answers questions. If anyone has any questions before I vote. Laroue, is there anyone there? MS. SHATZKIN: We do have one more person who has raised their hand to speak. Betty, I'm giving you permission to talk. Can you please state your name and address for the record.

MEDICAL ORIENTED DISTRICT
Betty, you've been given permission to talk. Can you hear us?

MS. MANGIONE: Can you hear me?
MS. SHATZKIN: Yes, we can. Please state your name and address for the record. MS. MANGIONE: My name is Betty Mangione. 240 Buttonwood Avenue, Cortlandt Manor. MS. SHATZKIN: Okay. Go ahead, Betty. MS. MANGIONE: Very briefly. Everybody keeps on calling this a medical project, MOD. Some of these features -- some of these plans have absolutely nothing to do with the medical. Like retail stores and the restaurants and the hotel. So that's the comment I have. Why you keep on calling MOD? It's too big. You changing everything that we being appreciating for many, many years in our area. You want to change everything. You want to change from residential, nice, quiet area to a nightmare: Traffic, lot of stores, a lot of people. It's a nightmare. If we wanted that kind of traffic exposure, we would have stayed in the city where we came from. I'm opposed to this a hundred percent.

MEDICAL ORIENTED DISTRICT
MR. BECKER: Thank you for your comments. With that, Laroue, I think due to the hour, unless there's anyone out there else that wants to speak, I don't want to debate any comments about individual members of the board. I think we clarified that. So Laroue, would you read the public hearing statement.

MS. SHATZKIN: Sure. Public hearing regarding MOD SEQRA DGEIS DEIS and proposal (indiscernible) $A$, close public hearing and $B$ receive and file all additional comments, emails, letters, et cetera and again to clarify that has (indiscernible) June 30th.

MR. BECKER: Thank you. So may I have a motion to close the public hearing and a motion to file additional comments.

UNIDENTIFIED SPEAKER: (Indiscernible).
MR. BECKER: Okay. So I have a first and a second. And just before I call the vote, I just want to state again, all we're doing is closing the hearing stating that we've got your comments. You can still submit comments to us until the end of June and then all this will go out to the developers. They will respond back
MEDICAL ORIENTED DISTRICT
to us in a period of time and we will again
notify the community when this is ready to go
to the next step. Again, there will be also
planning board involvement, consultant
involvements. This is just the beginning of
the beginning. And we're not approving any
projects tonight. We are just closing the
hearing. With that, may I have a vote.
Laroue, would you call the board, please.
MS. SHATZKIN: All in favor?
(A chorus of "ayes.")
MR. BECKER: Any opposed?
MS. SHATZKIN: The public hearing is
closed.
MR. BECKER: The public hearing is closed
now. I want to thank everyone for
participating. We still have a full agenda
ahead of us tonight which we are going to
continue, and everyone is welcome as always to
listen in and we will -- as I said, the
supervisor and her staff as well as the council
members will endeavor to keep everyone as

## MEDICAL ORIENTED DISTRICT

informed as we can and we will certainly carefully consider all your comments. Thanks everybody for your participation. It's wonderful.
-

|  | $\begin{gathered} \text { 23:20;26:7,17,19; } \\ \text { 63:15;93:13;100:25 } \\ \text { accessible }(2) \end{gathered}$ | $\begin{aligned} & \text { 58:21;60:6;64:22; } \\ & \text { 74:5,8;79:4;81:4; } \\ & 90: 6 ; 98: 10 ; 99: 10 ; ~ \end{aligned}$ | $\begin{gathered} \mathbf{2 1 ; 1 2 6 : 2 , 4} \\ \text { against (2) } \\ 48: 13 ; 75: 5 \end{gathered}$ | $\begin{aligned} & \text { amendments (1) } \\ & 12: 4 \\ & \text { amenities (3) } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| \$ |  |  |  |  |
|  |  |  |  |  |
| \$100 (1) | 93:17;94:22 | 101:17;105:3;106:8; | age (2) | 8:6;37:21;38:5 |
| 25:2 | accessory (1) | 115:23;118:10; | 65:12;94:21 | amenitized (2) |
| \$2.1 (1) | 24:9 | 121:10;123:25;124:6 | agencies (7) | 24:2;36:10 |
| 24:25 | accomplish (1) | addressed (11) | 10:23,25;14:8,10; | America (1) |
| \$20,000 (1) | 66:5 | 5:6;13:13;15:17, | 55:17;91:8,8 | 118:14 |
| 53:18 | accomplished (1) | 21,22;57:22;86:25; | agency (3) | among (1) |
| \$3 (2) | 92:12 | 91:22;95:9;109:14; | 10:19,21;11:3 | 94:4 |
| 34:4,4 | accounted (1) | 121:9 | agenda (2) | amongst (1) |
| \$80 (1) | 5:20 | addresses (1) | 68:18;126:20 | 24:17 |
| 24:23 | accurate (1) | 68:21 | aggravated (1) | amount (2) |
| \$90-million (1) | 102:13 | addressing (2) | 113:17 | 71:8;107:8 |
| 25:14 | achieve (1) | 29:21;81:11 | aging (3) | amphitheater (1) |
|  | 8:8 | adept (1) | 40:13,14;100:2 | 26:23 |
| [ | achieved (1) 65:20 | adjacent | $\begin{array}{\|l\|} \hline \text { agree (3) } \\ 116: 13 ; 119: 23 \end{array}$ | $\begin{aligned} & \text { amphitheaters (1) } \\ & 72: 16 \end{aligned}$ |
| [ph] (1) | achievement (1) | 23:6;28:2;43:6; | 121:25 | ample (1) |
| 36:22 | $108: 25$ acres (4) | 65:9 | ahead (14) |  |
| A | acres (4) 25:8;27:19;30:9; | adjourn (1) | $\begin{aligned} & 42: 5 ; 50: 20 ; 54: 10 \\ & \text { 61:12;64:22;79:4; } \end{aligned}$ | $\begin{array}{\|c} \operatorname{analysis}(1) \\ 19: 12 \end{array}$ |
|  | 47:21 | adjourned (2) | 81:4;83:18;89:17; | analyze (2) |
| ability (1) | across (3) | 6:20,22 | 90:13;101:20;116:2; | 13:16;15:20 |
| 118:15 | 9:16;33:9;52:15 | adopt (2) | 124:9;126:21 | analyzed (3) |
| able (22) | Act (2) | 14:20;15:2 | AKRF (10) | 13:9,10;34:9 |
| 4:12,24;7:15; | 10:14;91:5 | adopted (4) | 19:9;34:7,8;41:12; | analyzing (1) |
| 42:22;46:2;80:6,7, | action (1) | 8:14;55:13;91:3; | 42:8,11,13,24;43:9, | 43:5 |
| 10;88:21;89:6;96:10; | 66:21 | 106:24 | 15 | anchor (1) |
| 98:23;99:24;100:2, | actions (1) | adoption (3) | AL (1) | 94:25 |
| 16,20,22,24;109:16; | 67:2 | 8:21;9:13;15:3 | 40:8 | and/or (2) |
| 110:10;117:21; | active (2) | advancing (1) | Alignment (2) | 77:17;82:2 |
| 123:15 | 30:16;41:4 | 22:2 | 23:10,14 | angst (3) |
| above (2) | actively (1) | adverse (1) | alive (1) | 113:3;117:17,24 |
| 31:24;102:18 | 9:18 | 59:22 | 72:20 | annual (3) |
| Absolutely (5) | activities (1) | advise (4) | allegiance (1) | 24:23,24;108:24 |
| 30:3;38:24;65:20; | 40:12 | 77:20;88:16,19; | 2:9 | answered (2) |
| 112:24;124:13 | activity (2) | 89:5 | allow (5) | 19:21;109:15 |
| absorbed (1) | 25:2;111:12 | advisors (1) | 24:15;52:22;56:12; | Anthony (3) |
| 35:9 | actually (5) | 22:25 | 59:12;94:21 | 41:11,22;42:8 |
| absorption (1) | 61:20;99:23,24; | affect (3) | allowed (2) | Anthony's (1) |
| 25:21 | 100:11,16 | 9:4;67:2;103:6 | 61:5;75:18 | 41:20 |
| abut (1) | add (2) | affected (3) | allowing (3) | anticipated (1) |
| 59:18 | 18:18;82:14 | 42:18;82:11,13 | 46:15;95:25;111:5 | 43:14 |
| abutting (1) | adding (1) | affirmative (1) | along (8) | anticipation (1) |
| 59:23 | 24:16 | 97:4 | 30:11,13;32:15; | $21: 16$ |
| abysmal (1) | addition (7) | afford (4) | 42:16;50:24;71:19; | Anup (10) |
| 121:21 | 5:22;44:4;93:14; | 99:25;100:2,4,16 | 92:10;106:17 | 28:17;29:19;31:21; |
| Acadia (1) | 94:10,19;104:22,23 | affordable (1) | alternate (1) | 35:20,23;39:20,24; |
| 121:22 | additional (12) | 100:22 | 88:21 | 40:25;45:13,15 |
| accept (1) | 5:10;14:17;24:16; | again (32) | Alternatively (1) | anymore (2) |
| 46:6 | 58:18;62:10;76:13; | 5:9;6:15,25;28:16; | 67:21 | 87:22;116:9 |
| acceptability (1) | 87:15;94:2;101:4; | 29:12;36:18;46:15, | always (4) | apartment (6) |
| 77:21 | 105:10;125:12,17 | 25;47:6;49:15;51:12, | 15:14;89:8;109:8; | 24:2;38:19;49:3; |
| acceptable (1) | Additionally (1) | 13;60:13;69:19,24; | 126:22 | 73:12;82:14;101:6 |
| 120:16 | 100:25 | 73:16,20;74:3,7; | Amazon (1) | apartments (9) |
| accepted (2) | address (24) | 75:22;87:7;98:5; | 50:16 | 25:24;27:12;73:2; |
| 5:14;110:20 | 11:21;31:21;43:18; | 105:4,14;114:16; | amendment (3) | 99:22;100:4,7,9,13; |
| access (7) | 46:19;49:18;56:3; | 122:3,4,15;125:13, | 11:7,8;15:4 | 117:23 |

June 16, 2020

| apologize (1) | arborist (1) | 100:7 | award (3) | bear (3) |
| :---: | :---: | :---: | :---: | :---: |
| 90:8 | 53:16 | assuming (2) | 106:24;108:24; | 18:12;62:14;63:17 |
| appealing (1) | architectural (1) | 42:25;92:5 | 109:2 | beautiful (2) |
| 39:13 | 53:15 | assure (2) | awards (1) | 60:10;83:23 |
| appear (1) | architecture (1) | 114:10,22 | 110:20 | became (1) |
| 83:13 | 27:23 | assured (1) | award-winning (1) | 11:3 |
| appease (1) | area (27) | 96:11 | 23:15 | Becker (16) |
| 59:7 | 23:5;24:13;26:24; | attendee (1) | aware (6) | 2:22,23,24;71:13; |
| appendices (1) | 27:3;36:15,17;37:23; | 28:16 | 61:21;95:9,18; | 105:11;106:15; |
| 65:5 | 42:17;53:9;62:16; | attendees (4) | 96:9;102:12;103:18 | 111:21,24;112:5; |
| applicant (1) | 63:6;66:14;76:9; | 4:13;41:11;44:17; | away (4) | 113:24;118:10; |
| 19:25 | 82:15;84:23;95:7; | 54:18 | 16:9;70:16;72:17; | 125:2,15,19;126:15, |
| applicants (5) | 100:3,6,12,23;101:3; | attending (1) | 105:19 | 18 |
| 7:16;13:11;19:11, | 104:23;106:3; | 80:15 | awful (1) | become (8) |
| 14,22 | 117:12;120:13; | attorney (5) | 116:17 | 7:9;10:21;37:13, |
| application (2) | 124:18,20 | 3:22;6:14;7:17; | aye (1) | 21;38:10,12;81:24; |
| 26:16;68:17 | areas (6) | 21:19;77:20 | 3:12 | 92:23 |
| apply (1) | 9:4;39:11,11; | attorneys (1) | ayes (2) | becomes (1) |
| 73:7 | 40:11;58:16;82:13 | 122:15 | 3:14;126:13 | 8:16 |
| appointed (2) | around (5) | attract (3) |  | bed (1) |
| 8:10;17:12 | 9:4;17:16;32:11; | 37:17;38:7;95:6 | B | 76:5 |
| appointee (1) | 78:6;84:19 | attracted (2) |  | bedrooms (1) |
| 107:4 | arrived (2) | 38:2;39:5 | babies (1) | 36:20 |
| appreciate (16) | 55:14;91:4 | attractive (4) | 71:21 | beg (2) |
| 16:2;18:14;20:18; | art (1) | 33:4;37:21;38:10, | back (26) | 82:5,23 |
| 55:6;57:15;58:6; | 94:14 | 20 | 7:5;8:9;17:25; | began (1) |
| 64:6;69:4;81:13; | articulated (1) | attribute (1) | 44:17;45:16;49:15, | 57:24 |
| 83:7;85:21;87:22; | 31:2 | 40:17 | 16;56:4,15;61:24; | begin (2) |
| $90: 17 ; 99: 2 ; 111: 18$ | arts (5) | audio (8) | $73: 19 ; 75: 18 ; 80: 14$ | $2: 3 ; 7: 21$ |
| 118:2 | 25:6;71:11,15,19; | 2:25;4:11;35:25; | 87:21;88:14,22; | beginning (8) |
| appreciated (1) | 72:24 | 39:21;41:20;56:19; | 91:10;102:24;106:9; | 9:17;18:6,21; |
| 57:17 | ashes (1) | 61:3;89:6 | 107:2;109:5;112:20, | 105:16,17;120:18; |
| appreciating (1) | 69:24 | aunt (1) | 21;113:20;120:23; | 126:6,7 |
| 124:17 | aside (3) | 62:21 | 125:25 | behalf (5) |
| approach (2) | 27:19;92:21 | aunt's (1) | backed (1) | $21: 9 ; 22: 7 ; 28: 8,22$ |
| 23:11;26:10 | 121:19 | 62:25 | 53:21 | $118: 22$ |
| appropriate (4) | aspect (4) | authority (1) | backyard (2) | behind (2) |
| 32:9;120:13;121:3; | 29:13,24;40:25; | 10:11 | 38:12;73:18 | 58:9;123:2 |
| 123:8 | 101:8 | availability (2) | bad (2) | belong (1) |
| appropriately (1) | assertion (1) | 93:12;94:13 | 72:23;73:3 | 119:22 |
| 121:15 | 115:2 | available (7) | Baltic (1) | benefit (3) |
| approval (9) | asset (1) | 15:14;19:2;31:8; | 68:12 | 65:14;76:10;92:25 |
| 3:7;10:23;42:23; | 95:20 | 92:24;93:3;94:3,20 | based (1) | benefits (3) |
| 53:18;55:20;91:12; | assets (1) | Avenue (28) | 43:11 | 33:16,21,22 |
| 92:18;94:15;95:11 | 8:6 | 26:8,15,18;27:2; | basic (1) | best (4) |
| approvals (1) | assist (1) | 33:9;47:15;52:14; | 5:21 | 95:24;111:14; |
| 67:14 | 104:21 | 59:10,18;60:7;62:22; | basically (4) | 116:15;122:21 |
| approve (2) | assisted (15) | 71:18,20;74:22; | 31:14;102:7,16; | better (8) |
| 96:20;121:11 | 9:11;31:19;34:23; | 78:16;79:6;81:7; | 117:7 | 10:14;33:7;49:8, |
| approving (1) | 35:21;40:5,16,20; | 83:23;98:13;101:19; | basing (1) | 25;51:22;65:21,22; |
| 126:7 | 49:5,10;70:3;72:25; | 102:2,11;104:13; | 116:9 | 123:6 |
| approximately (10) | 82:14;100:17,19; | 105:5;114:11,17; | basis (1) | Betty (4) |
| 24:22,23,25;25:8, | 120:7 | 116:4;124:8 | 65:19 | 123:23;124:2,7,9 |
| 14;26:3,22;27:7,19; | assisted-living (4) | average (2) | bathrooms (1) | beyond (2) |
| 28:4 | 29:20;40:7;94:19; | 100:5,13 | 36:24 | 7:23;66:20 |
| April (2) | 100:21 | avoid (2) | bathtub (1) | big (13) |
| 6:23;113:10 | associates (1) | 35:10;82:3 | 84:16 | 17:5,24;36:16; |
| Apron (1) | 71:14 | avoids (1) | beach (2) | 37:21;47:23;51:9; |
| 37:5 | assume (1) | 26:6 | 50:6;62:13 | 65:7;69:24;86:5; |


| 108:7;109:12; | booklets (1) | $58: 19$ | $126: 10$ | 122:22 |
| :---: | :---: | :---: | :---: | :---: |
| 114:11;124:16 | 116:8 | buffer (3) | called (6) | carry (1) |
| billiards (1) | border (1) | 26:20,22;59:11 | 2:5;13:20;46:8; | 123:18 |
| 36:17 | 42:16 | bug (1) | 48:8;75:7;88:9 | cars (4) |
| Birchwood (1) | both (17) | 87:24 | calling (4) | 71:3,5,9;72:8 |
| 64:25 | 12:18;19:13;21:21; | build (9) | 18:11;68:16; | Carson (6) |
| birds (1) | 26:17;29:18;33:21; | 25:17;34:24;35:3, | 124:11,16 | 83:8,8,11,12;88:13, |
| 69:22 | 42:21;49:16;53:4; | 6;39:17;70:22;108:3; | calls (2) | 14 |
| bit (8) | 57:19;59:24;92:13; | 118:17,19 | 57:16;122:9 | case (4) |
| 36:11;70:8;79:20; | 93:2;95:22;106:9; | building (22) | came (9) | 10:20;19:9;45:17; |
| 112:4;113:3,23; | 116:20;120:7 | 25:19,23;26:5,5; | 9:14,24;10:8; | 102:6 |
| 115:7;118:13 | bottleneck (1) | 32:7,10,19;35:5;36:9, | 49:16;55:9;90:24; | catch (1) |
| Bizzoco (3) | 62:19 | 12,25;39:8,10;40:10, | 107:24;122:8;124:24 | 63:16 |
| 88:9,23;89:5 | bottom (6) | 11;71:11;101:2,9; | Cameron (2) | category (1) |
| blacktop (1) | 30:11;31:16,17; | 103:13,16;104:3; | 21:7;22:8 | 54:3 |
| 84:22 | 102:19;103:11,22 | 120:8 | campus (7) | cats (1) |
| Blake (2) | boxes (2) | buildings (21) | 22:11;23:12;27:4, | 37:8 |
| 54:25;90:11 | 23:18;50:16 | 31:18;37:13;47:22; | 14,18,25;66:24 | caucuses (1) |
| block (1) | brains (1) | 48:22;50:22,23; | can (115) | 116:23 |
| 62:24 | 70:15 | 52:23;58:12;63:23; | 5:15;10:12;11:19; | cause (1) |
| blocks (1) | break (1) | 71:16,17,19;72:24; | 15:10;20:20;29:2,3; | 65:10 |
| 47:6 | 17:25 | 82:14;84:21;99:22; | 30:10;34:25;35:7; | caused (1) |
| blown (1) | breaking (1) | 102:7,23,25;103:3,4 | 37:3,9;41:17,18,22, | 93:21 |
| 70:15 | 79:19 | built (5) | 23;45:9,10,19,22,23, | cell (1) |
| Blue (1) | breath (1) | 35:8;38:4;102:10; | 25;46:4,8,10,11,12, | 88:19 |
| 37:5 | 89:21 | 108:2;120:15 | 13;50:7;52:2,4,11,12; | center (6) |
| board (77) | breathing (1) | bumped (1) | 54:12,17;56:4;57:2,6, | 10:4;36:13,18; |
| 2:4;6:22,24;7:20; | 81:25 | 90:9 | 8;58:15;60:5,14,19; | 50:6;62:6,13 |
| 8:10, 15,17,21;10:8, | Brewster (1) | burden (2) | 61:8,9,9,11,21,24; | centered (1) |
| 11,18,21;11:2,9,12, | 68:13 | 51:3;121:17 | 63:9;64:17,19,19,21; | 62:3 |
| 24;12:20,24;13:22; | brief (7) | burned (1) | 66:10,21;68:7,9; | central (3) |
| 14:3,18,23;20:6,11; | 4:14;18:19;19:13 | 69:23 | 69:11,12;74:8,18,19; | 34:18;36:16;66:14 |
| 21:6,23;22:7,16; | 21:20;22:10,14; | business (5) | 75:15;78:25;79:2,2, | centralized (1) |
| 29:10,12;44:7;53:11, | 68:18 | 36:18;37:8;51:8; | 3;81:2,3;83:8,16,17; | 92:24 |
| 13;55:2,19;57:12; | briefly (10) | 62:5;111:11 | 85:7,20;88:9,11,14; | Centralizing (1) |
| 59:19;61:14;64:5; | 4:5,12;6:13;16:25; | businesses (3) | 89:8;91:5,11;92:12; | 23:19 |
| 66:7;68:24;69:5; | 17:8;35:20;39:22,24; | 95:5,6;119:19 | 93:11;96:25;97:19, | centrally (1) |
| 75:20;76:6;78:13; | 42:10;124:10 | button (1) | 25;98:8;99:10;101:4, | 93:16 |
| 79:7;80:11;81:8; | bright (2) | 97:22 | 14,15;108:13; | certain (1) |
| 90:16;91:5,12;95:14, | 36:21;38:6 | Buttonwood (17) | 109:14;110:5,9; | 119:6 |
| 14;106:12,22,23,24; | bring (13) | 26:8,14,18;27:2; | 112:7;113:13,13; | certainly (6) |
| 107:3,4,15;108:4; | 18:23;40:5;49:25; | 59:2,10,18;60:7; | 114:10,21;115:22,24, | 71:24;72:24;73:4; |
| 109:9;110:9,21; | 52:3;55:3;71:3,4; | 63:7;74:21;78:16; | 25;120:22;122:5,15, | 121:13,18;127:2 |
| 111:16,17;116:24; | 76:16;90:18;93:15; | 79:6;81:7;114:11,17; | 16,24;123:4,24; | cetera (5) |
| 118:6,23;119:10; | 101:4;112:20,21 | 123:13;124:8 | 124:3,4,5;125:23; | 9:5;13:8;15:6; |
| 120:2;121:21;122:5; | bringing (3) | buy (5) | 127:2 | 17:18;125:13 |
| 123:14;125:6;126:5, | 37:22;114:25; | 37:16;38:11;39:2; | capable (1) | chairperson (2) |
| 10 | 115:9 | 53:3;118:16 | 40:3 | 110:19;115:6 |
| boards (4) | brings (1) | buying (2) | care (8) | challenged (1) |
| 16:15;18:3;53:4; | 68:21 | 117:16,17 | 9:10;38:23;52:24; | 10:22 |
| 75:23 | broader (2) |  | 65:21;70:12;93:19; | challenges (2) |
| board's (1) | 23:21,24 | C | 94:17,17 | 68:25;80:9 |
| 64:5 | Brook (3) |  | careful (1) | challenging (1) |
| bodies (1) | 84:5,5,14 | cafe (3) | 96:3 | 57:14 |
| 76:21 | brought (3) | 24:10;27:11;101:6 | carefully (3) | change (6) |
| body (1) | 75:14;85:12;110:9 | call (10) | 43:12;95:14;127:3 | 9:22;14:12;112:16; |
| 84:3 | Buchanan (1) | 2:13;5:24;36:15; | caring (1) | 121:16;124:19,19 |
| bombing (1) | 117:11 | 48:15;55:19;69:21; | 81:20 | changed (3) |
| $72: 19$ | budget (1) | 88:19;91:12;125:20; | carried (1) | 8:18;15:11;81:19 |


| changes (18) | client (1) | $8,12$ | commuter (1) | 117:24 |
| :---: | :---: | :---: | :---: | :---: |
| 15:5;47:25;48:3 | 35:13 | 24•15 | 9 . | concerns (14) |
| 16,18;62:15; | client's | comments (6) | companionship (1) | 12:13;48:16,21; |
| ;67:12;81: | 30:8 | -12 | 81:25 | 1,18:57 |
| 92:5,11,13,18 | C | 17,20,24;13:5,7,7,8; | co | :2 |
| 6;98:15;112:20 | 4:13; | ,9;15:13,16 | 21:3;40:3;62:3 | ;95:8;113:8;123:5 |
| ch |  | 24,11:20 | 25 | 10 |
| 75:20;124:1 | clockwise | 0:7,8;34:11;44:8 | 99:25 | concierge ( |
| character (3) | 2:11 | ;57:22;64:7;65:25; | competitio | 37:2 |
| 58:13;65:8;1 | cl | 8;80:20; | 109:3 | conclude (3) |
| chat (1) | 13:24;43:3;53: | 86:16,23,24;87:13 | complen | 44:12;77:23; |
| 105:23 | 54:5;63:7;6 | ;89: | 23;33:1 | oncludes (2) |
| check (1) | :23;96:22;97: | , | complementary | 4:14;78:1 |
| 118:13 | 110:4;112:13,18 | 101:13;105:21,23; | 23:3;24:9,12; | conditions (4) |
| checking | 3:6,7,7,13,19; | 106:4,5;107:14; | 27:10,14;66:13 | 42:14;43:4;92: |
| 23:18 | 119:9;120:19 | 8:5;109:18;112:7, | complete (6) | 93:21 |
| Chester | 122:6,6;125:11,16 | ,19;113:4,14; | 20:5;23:14;67:1 | conduct (1) |
| 36:7 | closed | 0:19 | ;84:9,18 | 10:13 |
| children (3) | 12:10 | :2,5 | completely | conducte |
| 55:6;80:1 | $3: 2 ; 126: 17,18$ | ,23,23;127:3 | 76:15;115: | 42:11 |
| chooses (1) | closely | comm | completion (1) | conference |
| 19:6 | :19;25: | 24:10;27:10;58 | 87:18 | 48:20 |
| ch | clo | 68:14 | c | conferenc |
| , | 12:2 | commiss | :8,16,21 | 53:15 |
| chos |  | - 18 | complicated | confident |
| 19:10;91 | :21;32 | com |  | 95:22 |
| 108:25 | closets (1) |  | com | conflict |
| citiz | 36:20 | commitmen | 8:19; | 111:9 |
| 113:25 | clo | 24:20;99:18 | co | confusion |
| citize | 5:16 | comm | 29:21;32:2;36 | 90:9 |
| 44:25;48 | 126:8 | 8.11 | components | congested |
| 78:13 | club (1) | 110: |  | 72:9 |
| City (3) | 36:15 | commo | comprehensive (6) | congestion |
| 42:15;43:7;124:23 | clue (1) | 39:11;44:5;7 | 23:11,15;30:19; | 73:14 |
| civic (2) | 71:12 | 23 | :3;65:6;107 | congregate |
| 24:6;2 | co | co | comprised (1) | 39:7 |
| clarificat | 52:20 | 116: | 27:5 | conjunction (6) |
| $113: 25$ | coffee (3) | communities | compro | $31: 4 ; 32: 2 ; 33: 1$ |
| clarified | 4-10 | 8:9;37:20;43:6 | 51:17 | 34:3,19;35:1 |
| 125:7 | cohesive | 92:3;100:19;107 | comprom | Conklin (2) |
| clarify | 27:18 | 123:12 | 77:7 | 33:9;116:5 |
| 125:13 | collate | community ( | computer | connect (1) |
| classroom | 122:7 | 9:12;10:2,4 | 79.24 | 41:20 |
| 80:15 | collect | 18:3;24:5;25:5 | concept | connected (7) |
| lear (4) | 20:2 | 26:13,13,15;28:8 | 17:11,16,19;30:23 | .24.56.7.57 |
| 65:6;92 | collectin | 33:5,16,25;35:14,18; | 31:22;32:13;33:2; | 64:16;81:15;84:4,10 |
| 117:2 | 2:22;8 | 50:2;51:2;58:8;67:4, | 107:23;119:1 | connecting (3) |
| clear-cut | college | 22;68:24;69:4;81:14, | concepts (2) | 2:15;41:16;54:21 |
| 72:18 | 3.21 | 17;82:6,11;92:25; | 31:2;40:4 | connection (3) |
| clearly | comfor | 93:8,20,24;94:10; | conceptual | 65:18;66:2;86:8 |
| 15:22 | , | 95:21;101:5,10 | 10.5 | onnectivity (3) |
| clears (1) | coming (5) | 104:22;105:25 | concern (9) | 24:17;25:8;27:25 |
| 113:22 | 51:8;80:2;84 | 106:2;109:12 | 84:6,12,17; | Connor (6) |
| clerk (9) | 86:18;109:10 | 110:12;116:16,22 | 20;101:21;104:12, | 101:14,15 |
| 2:6,13;3 | commen | 117:4;119:3,20; | 14;118:5 | 21;104:7 |
| 18:6;20:15;75:10; | 80:19;89:20 | 122:19;123:6,8; | concerned (3) | consciousness (1) |
| 96:25;122:3 | 98:23;101:2;106:10 | 126:3 | 04:18; | 93:4 |
| lick (1) | 13,16,17;111:5,19; | commuted (2) | 107:16 | consider (8) |
| 46:4 | 112:2;117:25; | 62:2,7 | concerning (1) | 15:3;16:16,21; |


| 18:3;20:12;82:5; | 53:2 | 10:24;36:6 | 90:7 | defined (2) |
| :---: | :---: | :---: | :---: | :---: |
| 121:5;127:3 | contracting (1) | couple (7) | cutter (1) | 59:14;67:14 |
| considerable (3) | 79:14 | 47:2;54:2;69:25; | 48:7 | defines (1) |
| 65:3;83:25;86:11 | controlled (1) | 73:24;75:13;114:9; | cycling (1) | 66:11 |
| considerably (1) | 42:20 | 116:6 | 36:14 | DEIS (4) |
| 84:3 | conversations (2) | couples (1) | D | $6: 10 ; 32: 15 ; 42: 12$ |
| $23: 8 ; 25: 15 ; 82: 22$ | convinced (1) | $\begin{gathered} 38: 9 \\ \text { course (10) } \end{gathered}$ | D |  |
| 96:3;103:10;110:15 | 32:8 | 16:24;17:4;18:5; | daily (1) | 80:11 |
| considerations (1) | cooked (1) | 21:23;39:3;62:18; | 79:25 | delays (1) |
| 22:21 | 69:23 | 73:15;96:7;100:18; | Dan (4) | 92:10 |
| considered (7) | cookie (1) | 116:25 | 88:9,9,10;89:5 | deliverable (1) |
| 52:18;76:6;77:2; | 48:7 | cover (2) | danger (1) | 25:19 |
| 78:7,12;87:14;92:2 | cooperation (1) | 24:15;67:8 | 78:7 | delivered (1) |
| considering (3) | 95:24 | covered (2) | dark (1) | 19:5 |
| 8:17;75:20;76:11 | coordinate (1) | 38:5;48:22 | 87:7 | Delivering (2) |
| considers (1) | 88:20 | covers (1) | data (1) | 23:16;50:16 |
| 78:14 | corner (3) | 84:22 | 120:5 | DeLorenzo (8) |
| consistent (2) | 31:16,18;62:22 | Covid (4) | dates (1) | 45:6;52:3,8,9,11, |
| 23:8;91:17 | correctly (1) | 76:3,6;93:5;113:10 | 61:24 | 13,14;54:12 |
| constructed (3) | 28:18 | COVID-19 (4) | David (10) | dense (4) |
| 35:10;43:2,22 | correlation (1) | 81:21,22,22;82:12 | 28:17;29:10;41:7; | 58:24;65:7;82:13, |
| Constructing (1) | 86:5 | cradle-to-the-grave (1) | 60:16,19,20,20;61:2; | 15 |
| 26:4 | corresponding (1) | 48:25 | 64:25;78:2 | density (1) |
| construction (15) | 86:6 | create (5) | day (8) | 67:2 |
| 25:3,17,20,24;26:2, | corridor (1) | 11:16;27:21;59:22; | 20:10;37:4,8; | dental (1) |
| 7,9,10;29:17;33:19; | 17:7 | 82:15;95:2 | 63:25;71:9;78:3,5; | 32:18 |
| 34:22;58:10;59:2,5; | corridors (2) | created (2) | 123:18 | Department (2) |
| 95:3 | 91:25;92:11 | 13:20;81:18 | days (2) | 14:13;104:19 |
| consultant (13) | Cortlandt (41) | Creating (1) | 78:10;79:10 | departments (1) |
| 18:21;19:2,7,7,9, | 8:9,13;16:22; | 24:5 | deadlines (1) | 104:20 |
| 15;41:14;42:9;55:18; | 17:15;21:22;24:5,8; | creation (1) | 119:6 | depth (1) |
| 91:23;92:9,17;126:5 | 28:8;30:21;33:13,23; | 33:18 | deadly (1) | 118:24 |
| consultants (2) | 36:8;37:22;40:6,23; | Creighton (12) | 82:21 | deputy (2) |
| 107:6;121:4 | 41:5;42:21;43:9; | 2:18,19;46:2;77:3, | deal (1) | 88:20;111:21 |
| contacted (1) | 46:21;48:8,9;55:4; | 9,11,14;106:16; | 53:21 | describe (2) |
| 87:3 | 62:18;63:6,9;65:5; | 114:7,8,20;115:5 | dealing (2) | 32:6;34:7 |
| contains (1) | 66:11;77:5;81:8,9; | crisis (1) | 9:5;85:20 | described (1) |
| 8:22 | 82:6,16;90:19;94:6; | 82:25 | debate (1) | 100:8 |
| contemporary (3) | 102:11,11;104:13; | Crompond (5) | 125:5 | description (1) |
| 36:24;37:25;38:8 | 106:25;111:14; | 62:9,21,23;63:8,16 | Debby (1) | 37:11 |
| continual (2) | 116:5;124:8 | crossgate (1) | 106:15 | design (4) |
| 14:11,14 | Cortlandtites (1) | 59:6 | DeBenedictis (8) | 23:11;57:23;85:25; |
| continuation (2) | 117:5 | crossing (2) | 69:9,12,15,18;74:5, | 86:3 |
| 21:17;87:12 | Cortlandt's (1) | 30:12,12 | 7,10,13 | designed (8) |
| continue (12) | 82:21 | Crossway (1) | DEC (2) | 33:5,10,14;34:9; |
| 12:23;14:12;44:18; | Costello (8) | 21:7 | 10:24;14:13 | 35:8;58:24;59:24; |
| 69:17;82:10;92:20; | 2:14,15,16,17;3:9; | Crow (5) | decide (2) | 65:14 |
| 96:13,14;97:11; | 111:25;112:3,25 | 29:19;31:21;39:25; | 14:24;109:11 | designs (3) |
| 122:24,25;126:22 | costs (1) | 40:24;41:3 | decided (2) | 57:25;58:8,9 |
| continued (2) | 65:23 | cultural (1) | 30:25;111:2 | desire (1) |
| 22:17;95:24 | council (1) | 25:6 | decisions (4) | 31:23 |
| continues (2) | 126:24 | curious (2) | 67:7;80:17;82:8,24 | desperate (1) |
| 84:5;93:7 | Councilman (8) | 75:7;100:11 | decline (1) | 58:17 |
| Continuing (3) | 2:14,15,16,18,20, | current (3) | 111:20 | detail (1) |
| 32:11,16;69:21 | 22,23,23 | 58:14;93:4;106:22 | deep (1) | 44:4 |
| continuum (1) | Councilwoman (1) | currently (3) | 89:21 | detailed (1) |
| 94:17 | 111:25 | $52: 21 ; 59: 23 ; 89: 22$ | deficit (1) | $43: 24$ |
| contract (1) | County (2) | $\operatorname{cut}(1)$ | 58:19 | details (3) |

June 16, 2020

| 3:23;109:7,8 | 113:18 | $58: 1,17 ; 59: 1 ; 60: 1$ | DOT (5) | 99:19;119:12;120:18 |
| :---: | :---: | :---: | :---: | :---: |
| determine (1) | differing (1) | 61:1;62:1;63:1;64:1; | 10:24;14:13;42:20, | ears (1) |
| 10:18 | 25:20 | 65:1;66:1;67:1;68:1; | 24;43:20 | 67:9 |
| develop (3) | difficult (1) | 69:1;70:1;71:1;72:1; | doubling (1) | earth (1) |
| 9:20;118:16; | 93:23 | 73:1;74:1;75:1;76:1; | 26:22 | 78:11 |
| 121:14 | direct (1) | 77:1;78:1;79:1;80:1; | doubt (1) | ease (1) |
| developed (8) | 111:11 | 81:1;82:1;83:1;84:1; | 94:3 | 67:15 |
| 27:13;34:14,15; | directions (1) | 85:1;86:1;87:1;88:1; | down (11) | easily (1) |
| 43:15;85:24;86:9; | 79:12 | 89:1;90:1,23;91:1; | 17:25;50:8,9; | 67:18 |
| 107:13;119:17 | directly (2) | 92:1;93:1;94:1;95:1; | 71:17;72:22;82:24; | east (2) |
| developer (3) | 26:7;52:15 | 96:1;97:1;98:1;99:1; | 84:14,24;102:22; | 26:24;63:14 |
| 29:15;118:20; | director (1) | 100:1;101:1;102:1; | 104:2;120:10 | easy (1) |
| 119:10 | 68:13 | 103:1;104:1;105:1; | downscale (1) | 70:5 |
| developers (22) | disable (1) | 106:1;107:1,13; | 104:16 | eatery (2) |
| 9:19;10:6;17:22; | 97:16 | 108:1;109:1;110:1; | downsized (1) | 24:11;27:11 |
| 42:21;65:14;66:4; | disagree (1) | 111:1;112:1;113:1; | 112:8 | eating (1) |
| 67:19;71:24;97:9; | 101:5 | 114:1;115:1;116:1; | downsizing (1) | 40:10 |
| 105:25;106:5,9; | disappointed (1) | 117:1,21;118:1; | 117:20 | economic (10) |
| 109:22;111:5; | 104:16 | 119:1,16,18;120:1; | dozen (1) | 22:23;23:4,17; |
| 112:19;113:14,20; | disapprove (1) | 121:1;122:1;123:1; | 107:5 | 24:23;25:2;33:13,17; |
| 115:8;120:23; | 96:20 | 124:1;125:1;126:1; | draft (14) | 68:20;91:15;94:25 |
| 121:13;122:10; | disaster (1) | 127:1 | 11:10,23;12:8; | economically (1) |
| 125:25 | 62:8 | districts (2) | 13:10;14:3;20:6; | 121:3 |
| development (40) | disconnected (1) | 8:25;9:2 | 21:18;31:5;55:15; | economy (2) |
| 22:12;23:2,5,8,17; | 56:14 | divided (1) | 59:9;87:18;91:5; | 34:2;67:3 |
| 24:19,21;25:5,12; | discuss (2) | 32:20 | 98:20;106:6 | education (1) |
| 27:5,17;30:22;31:17, | 57:25;58:5 | divorcees (1) | drafting (1) | 26:24 |
| 23;32:14;40:2;42:12, | discussed (3) | 38:15 | 106:6 | Edward (1) |
| 18,25;43:11,14,23, | 31:10;44:9;114:1 | Dobbs (1) | draining (1) | 83:14 |
| 25;52:16;58:5,22; | discussing (1) | 36:6 | 94:2 | effect (2) |
| 63:11;64:5;72:2; | 118:24 | doctor (5) | dramatic (1) | 59:23;67:16 |
| 75:6,9;77:4;84:10; | discussion (8) | 53:2,20;71:13; | 94:6 | effective (1) |
| 85:7,23,24;86:4,10; | 3:11;11:19;12:13; | 73:13;112:5 | drawing (1) | 40:10 |
| 123:7,9 | 13:13;55:8,11;90:22, | document (8) | 102:4 | effects (1) |
| developments (6) | 25 | 11:23;13:14,20; | drawings (2) | 11:8 |
| 11:15;43:6;57:19; | disruption (1) | 16:10,12;23:14;77:5; | 102:13,21 | effort (4) |
| 59:22,24;120:10 | 84:18 | 115:4 | Drive (4) | 49:18,24;110:22; |
| develops (1) | distance (2) | documents (9) | 21:8;74:11;102:15; | 114:11 |
| 8:7 | 101:21,25 | 11:4,9,12,24;12:9, | 103:19 | egress (1) |
| devices (2) | distinctive (1) | 14;15:22;65:4;98:21 | drives (1) | 26:17 |
| 79:25;80:6 | 27:22 | dogs (1) | 63:25 | either (6) |
| devil (1) | distracted (2) | 37:7 | due (5) | 5:16;13:11;51:7; |
| 109:7 | 79:18,24 | dollar (2) | 4:18;6:24;82:4 | 77:16;87:25;116:12 |
| DGEIS (3) | DISTRICT (140) | 40:2;72:10 | 113:10;125:3 | elected (2) |
| 6:10;22:17;125:10 | 2:1;3:1;4:1;5:1; | donate (1) | duration (2) | 10:21;18:19 |
| dialogue (1) | 6:1,10;7:1;8:1;9:1,6, | 92:14 | 25:22;26:3 | elements (1) |
| 14:11 | 7,24;10:1;11:1;12:1; | done (15) | during (17) | 27:21 |
| Dick (1) | 13:1;14:1;15:1;16:1; | 13:20;34:3;35:11, | 4:3,9,17,23;5:22; | elevation (5) |
| 54:9 | 17:1;18:1;19:1;20:1; | 13;62:20;70:10,11; | 25:3;37:4,8;39:3; | 101:25;102:14,21; |
| Dickey (3) | 21:1;22:1,13;23:1; | 76:2,2,18;81:14; | 59:5;76:2;81:15; | 103:13,21 |
| 84:5,5,14 | 24:1;25:1;26:1;27:1; | 109:21;121:13; | 82:22;84:12;85:5; | eliminated (1) |
| dictate (1) | 28:1,7;29:1;30:1,10; | 123:2,4 | 94:5;95:8 | 26:25 |
| 8:19 | 31:1;32:1;33:1;34:1; | door (4) | dynamic (1) | Elm (1) |
| difference (2) | 35:1;36:1;37:1;38:1; | 47:13;63:4;67:19; | 24:8 | 61:16 |
| 100:5,12 | 39:1;40:1;41:1;42:1; | 117:6 |  | Elmsford (1) |
| different (11) | 43:1;44:1;45:1;46:1; | doors (1) | E | 45:19 |
| 8:23,23;9:2;17:13; | 47:1;48:1;49:1;50:1; | 123:2 |  | else (7) |
| 25:19;31:18;34:15; | 51:1;52:1;53:1;54:1; | doorstep (1) | earlier (6) | 70:16;72:7;87:21; |
| 79:12;112:6,17; | 55:1,9;56:1;57:1; | 94:14 | 33:24;78:22;90:10; | 97:17;99:13;104:23; |


| 125:4 | 33:13 | 93:19;94:18 | 5:7 | extent (1) |
| :---: | :---: | :---: | :---: | :---: |
| else's (1) | enhance (2) | essentially (4) | Excellent (1) | 111:8 |
| 51:14 | 93:12;94:16 | 30:14;32:20;33:4; | 69:14 | extra (1) |
| email (5) | enhancements (1) | 34:6 | except (1) | 15:6 |
| 47:8;48:15;57:21; | 92:22 | establishment (1) | 111:13 | extremely (1) |
| 75:10;122:9 | enjoying (1) | 93:11 | excited (5) | 40:3 |
| emails (5) | 78:6 | estate (1) | 40:5,22;41:4; | eyes (1) |
| 5:20;19:20;47:12; | enough (3) | 40:2 | 55:11;90:25 | 67:8 |
| 57:17;125:13 | 31:12;37:16; | estimated (3) | exclude (1) | eyesore (1) |
| emanated (1) | 115:15 | 25:3,21;26:2 | 59:18 | 67:22 |
| 6:16 | ensure (1) | et (5) | Exemplary (1) |  |
| emergency (3) | 121:23 | 9:4;13:8;15:6; | 27:23 | F |
| 26:19;94:17; | enterprising (1) | 17:18;125:13 | existing (8) |  |
| 104:21 | 78:12 | evaluated (1) | 27:8;42:14;43:4,5; | face (1) |
| emotional (2) | entertain (2) | 42:14 | 58:13;66:24;76:25; | 76:25 |
| 79:17,22 | 16:16,21 | even (12) | 94:16 | faced (1) |
| emotions (1) | entire (8) | 34:16;63:6;65:15; | exists (1) | 68:25 |
| 79:11 | 12:20;28:6,7; | 77:2;84:13;94:2; | 120:16 | facilitate (1) |
| employees (3) | 35:10;65:5;78:9; | 103:16,16;105:17; | expanding (1) | 117:21 |
| 24:3;76:13;100:15 | 92:25;114:20 | 116:8;121:7;122:2 | 50:21 | facilities (4) |
| employees' (1) | entirely (1) | evening (25) | expect (3) | 9:10;76:5;93:15; |
| $100: 15$ | $27: 3$ | $4: 24 ; 6: 9 ; 7: 19$ | 65:19;66:5;86:13 | $100: 22$ |
| employer (1) | entitled (1) | $13: 4 ; 21: 6,15 ; 29: 9,14,$ | expectation (1) | facility (1) |
| 41:4 | 8:13 | 17;30:18;33:19;42:7; | 66:18 | 70:8 |
| employers (1) | entity (1) | 54:24,25;61:14;68:7, | expense (1) | facing (1) |
| 95:2 | 86:4 | 10;69:19;79:8;81:6, | 92:8 | 57:14 |
| employment (2) | entrance (4) | 7,11;83:2;90:15; | experiences (1) | fact (6) |
| 68:22;95:4 | 59:2,4,5;63:4 | $92: 16$ | $81: 25$ | $34: 14 ; 40: 14 ; 41: 3$ |
| Empty (7) | entryway (1) | eventually (1) | experiencing (1) | 84:6,15;116:7 |
| 38:19,20;39:6; | 33:8 | $38: 11$ | 80:9 | fact-finding (1) |
| 50:7,10,12;72:12 | environment (3) | Evergreen (18) | expert (1) | 111:3 |
| enable (1) | 67:3;82:18;86:6 | 23:5;24:18;28:2, | 22:25 | failure (1) |
| $21: 14$ | Environmental (17) | 23;29:12,13;30:6,8, | experts (1) | 88:18 |
| enactments (1) | 10:14,20;11:5,10; | 15,24,24;31:14; | 19:16 | Fair (1) |
| 10:12 | 13:10,17,21;14:4; | $32: 10,24 ; 35: 18$ | expires (1) | 115:15 |
| encourage (2) | 21:18;26:24;31:5; | 52:16;58:5,14 | 53:24 | fairly (2) |
| 24:17;43:23 | 55:15;65:10;83:22; | everybody (16) | explain (8) | 62:7;100:11 |
| encouraged (1) | 85:10;91:6;106:7 | 17:2;19:19;20:22; | 3:20,23;4:2,6;6:15; | fairness (1) |
| 10:2 | Envision (3) | 46:15;51:13;55:25; | 32:7;58:8;106:20 | 119:9 |
| end (6) | 8:13;30:20;106:25 | 56:2;64:6;69:19; | explaining (3) | fall (4) |
| $20: 9 ; 45: 17 ; 67: 21$ | envisioned (7) | $70: 14 ; 73: 10 ; 83: 20$ | $87: 6 ; 109: 21,22$ | $9: 25 ; 10: 9 ; 20: 10$ |
| $70: 20 ; 98: 15 ; 125: 24$ | $9: 7 ; 55: 12 ; 65: 5$ | 117:2,18;124:10; | explored (2) | $78: 11$ |
| endeavor (1) | 66:11;77:5;91:2; | $127: 4$ | 30:23;32:13 | families (3) |
| 126:25 | 94:12 | everybody's (3) | exposure (1) | 37:20;38:10; |
| ending (1) | envisioning (1) | 20:11;64:7;85:21 | 124:23 | 117:22 |
| 105:16 | 17:14 | everyone (18) | express (2) | family (8) |
| ends (1) | equipment (1) | 5:20;10:16;21:13; | 20:17;116:14 | $36: 9 ; 40: 14,21$ |
| $70: 12$ | $94: 8$ | $41: 10 ; 42: 7 ; 43: 24$ | expressed (8) | 61:23;70:5;93:18; |
| endure (1) | equity (2) | 44:23;46:25;74:13; | $17: 21 ; 48: 16,20$ | 94:23;95:17 |
| 93:22 | 37:16;38:25 | 99:17;105:12,14; | 49:10;81:12;91:20; | Fantastic (2) |
| enforced (1) | equivalent (1) | 115:24;121:25; | 95:8;113:2 | 41:24;63:13 |
| 85:11 | 25:4 | 122:25;126:19,22,25 | extended (2) | far (14) |
| engagement (1) | era (1) | everyone's (1) | 9:10;26:3 | 20:19;32:24;47:19, |
| 25:6 | 70:18 | 18:22 | extending (1) | 23,23;50:22;61:2; |
| engine (2) | erode (1) | exact (2) | 42:15 | 63:24;71:11;72:15; |
| 23:4;73:19 | 76:15 | 48:7,10 | Extension (2) | 89:5;91:10;103:21; |
| Engineering (2) | especially (1) | exactly (2) | 62:14;63:17 | 119:21 |
| 21:7;22:9 | 4:18 | 85:20;111:17 | extensive (2) | Farina (7) |
| engines (1) | essential (2) | example (1) | 25:12;31:5 | 46:7,11,14,20,20, |

June 16, 2020

| 24;51:25 | fifth (2) | 84:21 | forms (1) | 19:8,10 |
| :---: | :---: | :---: | :---: | :---: |
| F-A-R-I-N-A (1) | 32:24;35:4 | fix (1) | 9:9 | further (2) |
| 46:21 | fight (2) | 107:19 | formulation (1) | 80:12;91:15 |
| Farrell (4) | 94:4,4 | fixes (1) | 23:13 | future (8) |
| 2:20,21;80:4; | fighting (1) | 63:11 | forth (1) | 15:22;16:5;17:14; |
| 106:14 | 48:12 | flag (1) | 63:8 | 42:24;43:10;76:24; |
| father (1) | figure (2) | 2:7 | fortunate (1) | 79:14;108:16 |
| 40:18 | 102:19;121:3 | Fleetwood (1) | 93:9 |  |
| faucet (1) | file (2) | 36:6 | forums (1) | G |
| 84:16 | 125:12,17 | flies (1) | 10:3 |  |
| favor (2) | fill (1) | 76:24 | forward (27) | game (1) |
| 3:12;126:11 | 13:15 | flight (1) | 8:2,17;9:15,19; | 51:2 |
| fear (1) | final (10) | 69:21 | 16:21;21:15;22:2; | gap (1) |
| 117:4 | 13:21;14:3,16; | floor (1) | 26:16;28:10,11; | 13:15 |
| fearing (1) | 16:7;27:20;57:23; | 89:15 | 35:15;41:6;55:22; | garage (2) |
| 81:21 | 67:14;77:8;87:19; | Florida (2) | 57:21;58:20;60:3; | 48:22;63:4 |
| feasible (3) | 121:6 | 39:2,3 | 66:3;85:11;91:14; | garages (1) |
| 43:17,18;121:4 | finally (6) | flourished (2) | 94:12;96:4;97:11; | 48:22 |
| features (1) | 5:12;53:18;55:13; | 55:11;90:25 | 105:18;106:5; | garden (2) |
| 124:12 | 73:15;91:3;96:16 | flow (4) | 108:13;115:9;118:8 | 38:3,19 |
| February (1) | financial (1) | 55:10;85:18;90:24; | fought (1) | gateway (1) |
| 114:16 | 111:10 | 92:9 | 94:5 | 27:23 |
| Federation (2) | find (7) | focus (4) | found (1) | gather (1) |
| 108:23;109:3 | 18:12;39:12;49:6; | 31:14;35:20;79:11; | 19:17 | 105:21 |
| Feedback (3) | 52:3;70:4,5;100:20 | 80:18 | four (6) | gathering (1) |
| 26:13;99:19; | findings (2) | focused (1) | 32:17;34:16;76:9; | 112:12 |
| 110:11 | 44:3;91:24 | 107:22 | 84:20;88:14;103:3 | gave (1) |
| feeders (1) | fire (1) | $\boldsymbol{f o g}(1)$ | four-lane (1) | 6:25 |
| 37:13 | 104:19 | 79:9 | 117:15 | general (2) |
| feel (13) | fireplace (1) | folks (1) | fourth (1) | 30:5;76:23 |
| 20:4;49:17,20; | 36:16 | 103:18 | 35:4 | generate (3) |
| 51:14;58:11,14; | firm (2) | follow (1) | four-to-five-year (1) | 24:22;25:2;65:9 |
| 117:5;118:6,8;120:3, | 29:10;91:10 | 95:13 | 34:17 | generation (1) |
| 10,12,14 | first (29) | followed (1) | free (1) | 37:14 |
| feeling (1) | 3:24,25;4:6;5:23; | 94:17 | 12:19 | generators (1) |
| 85:23 | 6:2,2,4;10:17;11:3; | following (6) | Fresh (1) | 68:22 |
| feels (3) | 13:2;22:21;24:19; | 8:21;10:7;14:19, | 37:5 | generic (5) |
| 8:5;14:3;106:2 | 29:25;31:16;35:23; | 25;22:10;119:4 | friends (2) | 4:2;11:5;13:17; |
| feet (16) | 45:4,5;46:14;47:19; | follows (1) | 93:18;94:24 | 21:18;31:5 |
| 27:6,8,9,10;32:20, | 59:3;65:17;75:16; | 85:25 | front (2) | gentleman (2) |
| 21;50:5;53:7,8,9; | 87:8;90:2;98:20; | food (1) | 33:3;37:2 | 56:4;116:13 |
| 71:15;79:10;102:3, | 104:12;107:17; | 37:3 | frontage (2) | gentlemen (1) |
| 17,20;103:13 | 118:11;125:19 | foot (3) | 30:13;53:6 | 7:21 |
| FEIS (1) | firstly (1) | 32:19;47:22;67:19 | fronts (1) | genuinely (1) |
| 44:10 | 21:13 | footprints (1) | 30:11 | 33:25 |
| fellow (2) | fit (1) | 24:14 | fruition (2) | gestalt (1) |
| 21:6;22:6 | 48:9 | forefront (2) | 55:14;91:4 | 119:10 |
| felt (1) | fitness (1) | 55:10;90:24 | full (5) | get-go (1) |
| 110:13 | 36:13 | Forest (1) | 25:22;26:11;44:3; | 17:24 |
| fence (1) | fits (1) | 98:12 | 46:18;126:20 | gets (1) |
| 109:10 | 120:13 | forget (1) | full-time (1) | 118:21 |
| Ferry (1) | Fitzgerald (8) | 66:8 | 25:4 | Gina (2) |
| 36:7 | 78:20;79:2,5,5,21; | form (4) | fully (1) | 115:21,21 |
| few (8) | 80:5,21,23 | 20:6;39:9;85:25; | 44:10 | given (15) |
| 4:8;18:10;44:6; | five (9) | 98:25 | function (2) | 7:11;15:19;45:10; |
| 71:19;73:2;81:17; | 31:16;33:3;34:14, | formal (1) | 85:5;86:2 | 52:9;54:21;56:17; |
| 112:6;114:13 | 16;62:4;84:20;103:3; | 10:8 | fundamental (2) | 69:10;74:16;78:24; |
| fields (1) | 109:25;118:23 | formed (1) | 22:21;23:7 | 80:25;88:11;97:24; |
| 103:25 | five-story (1) | 30:24 | funded (2) | 99:11,14;124:2 |


| giving (12) | 101:18 | 85:7;107:18;111:2; | 59:3;69:16;89:20; | 23:21;24:22 |
| :---: | :---: | :---: | :---: | :---: |
| 19:15;56:20;60:16; | grew (2) | 121:9;122:11 | 96:23;97:5;98:17,20, | highway (2) |
| 68:6;81:10;83:15; | 62:16,21 | happened (1) | 22;99:18;105:13; | 53:6;117:16 |
| 98:9;99:8;104:10; | grief (1) | 9:12 | 106:23;109:18,19; | hill (1) |
| 115:22;120:20; | 82:4 | happening (1) | 110:5;111:4;112:11, | 62:23 |
| 123:24 | ground (2) | 41:14 | 13,18,22;113:3,19; | himself (2) |
| Glen (7) | 105:19;107:19 | happens (5) | 117:4,18;118:4; | 56:8;77:8 |
| 28:19;29:22,23; | Group (3) | 19:24;70:20;71:9 | 119:7,24;120:20,24; | hit (2) |
| 32:6;35:22;36:2; | 29:23;32:3;68:14 | 85:4;86:24 | 122:4,6;125:8,9,11, | 39:22,24 |
| 39:20 | grow (1) | happy (3) | 16,22;126:9,16,18 | hold (6) |
| goal (1) | 37:18 | 36:7;108:22 | hearings (10) | 16:10;39:14,15; |
| 23:17 | growth (2) | 109:16 | 3:17;4:3;12:18; | 45:20;74:15;78:23 |
| goals (5) | 68:21;91:1 | hard (7) | 14:9;16:17;19:21; | holding (1) |
| 8:8;23:10;65:18, | guess (8) | 49:6;55:3;57:13; | 57:21;81:13;95:13; | 16:16 |
| 19;66:2 | 69:20;72:10,11; | 60:2;90:18;91:7; | $107: 10$ | home (12) |
| goes (4) | 73:16;106:17,19; | 122:22 | heart (1) | 26:21;37:16;38:14, |
| 20:7;66:20;70:11 | 116:20;117:3 | harm (1) | 95:25 | 14,15,23;63:3;81:20; |
| 71:11 | guide (4) | 65:11 | heating (1) | 84:2;100:3;118:17, |
| Good (33) | 8:17,20;10:19; | heading (3) | 36:23 | 20 |
| 7:19;16:24;17:15, | 15:15 | 15:24;102:15,15 | Heindrick (1) | homes (3) |
| 19;21:6;29:8;42:6; | guided (2) | Health (9) | 58:16 | 65:13;76:4;82:9 |
| 45:3;54:23,25;58:21; | 22:20;23:9 | 14:13;76:7,22 | held (5) | hope (8) |
| 61:14;63:15;65:11; | guidelines (1) | 78:15;79:16;82:22, | 6:4,18;10:3;85:2,3 | 28:18;47:17;58:20; |
| 67:24;68:3,7,10; | 43:12 | 25;93:8,10 | Hello (2) | 74:2;78:13;83:2; |
| 69:18;72:17;73:22, | guys (8) | healthcare (8) | 37:5;83:16 | 113:15,22 |
| 24;80:17,20;81:6,7; | 50:15;60:2;63:24 | 23:21;65:23,23; | help (2) | hopefully (4) |
| 85:19;87:20,22; | 70:14,14;73:17; | 92:23;93:3,11,14 | 71:10;94:3 | 10:16;64:9;70:7; |
| 90:14;109:19,20,21 | 101:10;118:3 | 94:14 | helpful (1) | 74:3 |
| goodwill (1) | gyms (1) | healthy (3) | 16:3 | hoping (1) |
| 51:17 | 101:7 | 24:10;25:7;27:1 | helpless (1) | 123:19 |
| government (1) | Gyrodyne (24) | hear (55) | 117:6 | Hospital (36) |
| 55:17 | 21:9,15;22:7,20 | 6:13;7:16;17:2 | Henry (1) | 9:8,9,16,17;17:16; |
| governmental (1) | 23:12,24;24:11,18, | 20:20;29:2;41:17,22, | 78:2 | 23:4;24:18;27:25; |
| 91:8 | 21;25:4,13,16;27:3,5, | 23;45:10,20,22; | here's (1) | 33:10,12,15;42:19; |
| graduate (1) | $13 ; 28: 2,8 ; 30: 7,15$ | 46:10,11;49:22;52:2, | 113:14 | $48: 8 ; 50: 8,24 ; 53: 7,8$ |
| 40:20 | 47:19;57:25;58:24; | 4,11;55:24;57:7,8; | herself (3) | 54:6;62:13;63:4,15; |
| Grandma's (1) | 75:17;78:9 | 60:14,19;61:8,9,10; | 110:18;115:2,13 | 66:9,10,12,17;75:16; |
| 50:9 | Gyrodyne's (3) | 64:18,19,19,21;68:8; | Hi (11) | 94:8,9,24;100:15; |
| grant (2) | 22:11;24:20;31:8 | 69:11,12;74:18; | 29:3;36:2;46:10; | 101:22;102:9;103:5, |
| 4:16,20 |  | 78:25;79:2;81:2; | 60:19;68:7;81:2; | 16,17;104:4 |
| grassroots (1) | H | 83:16;86:23;88:1 | 83:20;88:10;90:3,5; | hot (1) |
| 114:11 |  | 96:12,16;97:12,19 | 99:16 | 76:5 |
| gravity (1) | hall (5) | 25;99:11;101:14; | high (6) | hotel (8) |
| 5:10 | 7:5;10:3;16:22; | 105:14;110:17; | 65:22;79:11; | 32:13,14;35:2; |
| great (15) | 74:25;97:2 | 115:24;118:12; | 100:11;102:9;103:4; | 48:21;58:11;72:9; |
| 18:16;20:14;34:12; | hand (19) | 123:4,5,5;124:3,4 | 104:3 | 101:6;124:15 |
| 40:17;41:19,21;42:3, | 4:21;5:23;45:8,11; | heard (11) | higher (2) | hotels (2) |
| 4,6;45:9;50:20; | 46:9;54:17;57:3; | 7:15;16:7;30:18; | 103:5,17 | 82:15;120:7 |
| 54:20;57:9;60:8;99:2 | 83:9,12;88:10,15; | 33:18;44:6;58:2,2; | highest (1) | Houlihan (1) |
| greater (1) | 89:23;97:18;98:7; | 79:22;87:8;103:8; | 93:13 | 68:14 |
| 24:4 | 99:7;105:9;111:22; | 119:20 | high-level (1) | hour (2) |
| greatly (3) | 115:21;123:23 | hearing (68) | 93:3 | 78:5;125:3 |
| 57:17;92:25;94:15 | hands (4) | 3:20,24;4:18,23; | highlight (1) | house (5) |
| green (5) | 104:9;105:10; | 5:23;6:2,4,9,18,20, | 31:10 | 38:11,25;39:2; |
| 24:6,16;25:10; | 113:21;117:8 | 23;11:25;12:3,6,7,24; | highly (3) | 62:25;102:17 |
| 28:5;48:23 | Hang (1) | 13:5,24;14:6,18,19; | 23:25;36:10;76:9 | houses (2) |
| Greg (1) | 111:24 | 15:18;18:22;20:18; | highly-amenitized (2) | 50:24;103:24 |
| 101:14 | happen (8) | 21:14,17;22:18; | 32:4;38:16 | housing (6) |
| Gregory (1) | 13:4;14:15;84:20; | 29:15;31:7;56:24; | high-quality (2) | 23:25;33:24;39:9; |


| 70:17,19,25 | impervious (1) | indicated (2) | 76:25 | 5:25;81:11;96:10; |
| :---: | :---: | :---: | :---: | :---: |
| housings (1) | 24:15 | 12:21;92:20 | intentions (2) | 7:7;108:9,10 |
| 32:5 | implementation (7) | indirect (1) | 66:25;67 | 109:23;110:8;119:16 |
| HRNA (1) | 25:11,18;26:11; | 111:11 | interest (4) | issuing (1) |
| 22:25 | 43:21;67:15,17,23 | indiscernible (7) | 66:7;95:24;111:9, | 75:21 |
| hub (3) | important (17) | 58:23;63:13;97:21; | 10 | items (2) |
| 9:8;17:17 | 5:13;7:24;16:4,9 | 117:22;125:11,14,18 | interested (2) | 12:16;107:15 |
| Hudson (7) | $\begin{aligned} & 19: 19 ; 22: 2 ; 25: 15 ; \\ & 28: 10: 37: 24: 38: 7.16 \end{aligned}$ | $\begin{aligned} & \text { individual (4) } \\ & \text { 27:17;31:15;54:16; } \end{aligned}$ | $21: 22 ; 22: 16$ |  |
| $\begin{aligned} & 9: 8 ; 29: 23 ; 32: 3 ; \\ & 33: 12: 58: 17: 84: 6 ; \end{aligned}$ |  |  | $\begin{array}{\|l\|} \hline \text { Interesting (4) } \\ 62: 16 ; 63: 2,20 ; 75: 9 \end{array}$ | J |
|  | $\begin{aligned} & 28: 10 ; 37: 24 ; 38: 7,16 ; \\ & 51: 10 ; 56: 3 ; 65: 17 \\ & 68: 21 ; 100: 23 ; 101: 9 \end{aligned}$ | 125:6 |  |  |
| 102:18 |  | individually (1) | interfere (1) | Jacobs (2) |
| huge (3) | importantly (2) | 4:16 | 123:13 | 83:8,11 |
| 69:25;71:8;108:15 | 37:11;92:22 | individuals (2) | Internet (1) | James (1) |
| hugely (1) | importer (1) | 4:19;29:18 | 48:5 | 77:3 |
| 109:4 | 62:5 | induction (1) | intersection (2) | January (7) |
| hundred (3) | improve (5) | 36:22 | 5:8;33:9 | 6:18,21;12:18; |
| 8:24;47:21;124:25 | 71:6;92:10;121:5 | industrious (1) | intersections (3) | 66:14;97:8;113:5; |
| I | $18,19$ | $78: 12$ | $\begin{aligned} & 12: 15 ; 42: 15 ; 91: 25 \\ & \hline 00 \end{aligned}$ | $\begin{aligned} & 116: 21 \\ & \text { iet (1) } \end{aligned}$ |
|  | 120:15,17;121:2 | 101:3 | $\begin{aligned} & 3: 17 ; 7: 5 ; 12: 22 ; \\ & \text { 13:3;17:25;18:23; } \end{aligned}$ | 73:19 |
| idea (7) | 122:2;123:7 | influx (1) |  | Jim (1) |
| 17:19;75:25;82:10; | improvement (4) | 4:19information (10) | $20: 3 ; 26: 15 ; 38: 18$ | 106:15 |
| 85:19;114:12;115:3; | 43:15,19;71:8; |  | $40: 20,22 ; 47: 2,19$ | job (3) |
| 120:19 | 86:11 | information (10) ${ }_{\text {a }}$ ( | 49:4;51:5;67:9 | 18:16;68:23 |
| ideal (1) | improvements (12) | $\begin{aligned} & 7: 12 ; 13: 15 ; 55: 10 \\ & 66: 23 ; 90: 24 ; 98: 16 \end{aligned}$ | $\begin{aligned} & 75: 12 ; 82: 22 ; 93: 4 ; \\ & 117: 15 \end{aligned}$ | 109:21 |
| 36:8 | 26:12;34:5,6,7,8; | $\begin{aligned} & \text { 66:23;90:24;98:16; } \\ & 99: 20 ; 100: 24 ; \end{aligned}$ |  | jobs (7) |
| ideas (2) | 42:22;62:15,17;64:4, | 116:19;120:22 | introduced (1) | 24:22;25:4;33:18, |
| 17:15,17 | 10;65:24;94:7 | informed (2) | 30:22 | 20,20;81:20;95:3 |
| identified (6) | improving (1) | 85:9;127:2 | introducing (1) | John (24) |
| 11:18;12:9;14:21; | 23:20 | infrastructure (6) | 40:22 | 54:16,17,19,21,24; |
| 15:10;43:12,16 | inception (1) | 24:13;25:10;26:12; | introductory (1) | 55:23;56:4,11,13,15; |
| identifies (1) | 30:17 | 27:15;28:5;34:20 | 21:11 | 60:21,22;61:5,6,12, |
| 14:20 | included (3) | ingress (1) | inventory (2) | 15;69:9,10,11;74:12; |
| identify (2) | 43:5;97:4;120:6 | 26:17 | 8:6,11 | 90:3,11;98:3,5 |
| 11:14;13:12 | includes (1) | inherent (1) | invested (1) | join (3) |
| idle (1) | 24:11 | 25:18 | 95:21 | 28:19;61:6;93:10 |
| 70:7 | including (6) | initial (3) | investment (2) | joined (5) |
| IL (1) | 16:21,22;24:9; | 44:5;55:20;95:10 | 25:14;94:9 | 29:17;45:23;78:22; |
| 40:8 | 44:8;65:4;75:8 | initiative (3) | invitation (3) | 96:17;110:22 |
| illnesses (1) | incomplete (1) | 22:3;23:13;28:10 | 45:22;60:18;88:13 | joining (1) |
| 93:23 | 67:22 | input (2) | invite (2) | 64:12 |
| imagine (1) | incorporate (1) | 87:4;104:20 | 28:17;54:1 | journeys (1) |
| 103:12 | 112:19 | insensitive (1) | invited (1) | 93:24 |
| immediate (1) | incorporated (1) | 65:8 | 10:4 | judgment (1) |
| 11:16 | 26:15 | inspect (1) | involved (7) | 77:6 |
| immediately (3) | increase (4) | 86:18 | 4:7;9:17;10:25; | jump (1) |
| 31:24;47:9;95:2 | 24:24;27:7;33:21 | installation (1) | 16:18;49:12;61:18; | 96:6 |
| impact (21) | 76:15 | 59:6 | 115:3 | jumped (1) |
| 11:5,10;12:12; | increased (1) | instrumental (1) | involvement (2) | 110:12 |
| 13:10,17,21;14:4,14; | 26:21 | 77:3 | 106:18;126:5 | June (9) |
| 15:8;21:18;31:5; | increases (1) | integrate (1) | involvements (1) | 2:4;5:14,15;7:2; |
| 43:8;55:15;57:23; | 63:11 | 33:5 | 126:6 | 12:25;22:19;120:21; |
| 82:16,17;86:7;87:19; | independent (6) | integrated (3) | issue (12) | 125:14,24 |
| impacts (12) | 31:20;34:23;35:21 | 27:18;31:15;33:25 | $66: 21 ; 83: 22 ; 85: 13$ | Junior (1) |
|  | 40:5,19;76:17 | integration (1) |  | 61:16 |
| $11: 8,14,20,21 ;$ $12: 10,11 ; 14: 21$ | independent-living (3) | 65:21 | 18;86:14;87:16; | K |
| $\begin{aligned} & 15: 10 ; 26: 9 ; 43: 13,17, \\ & 19 \end{aligned}$ | indexed (2) | 77:16 | issues (12) |  |
|  | 13:6;19:25 | intent (1) | 8:12;14:5;15:14; | keep (8) |


| 15:12;81:14; | 47:21 | 103:15;116:22 | 79:20;84:13,15,16; | look (18) |
| :---: | :---: | :---: | :---: | :---: |
| 103:23;114:25; | landscape (2) | leave (1) | 96:17;112:4;113:2, | 22:2;28:9;35:15; |
| 119:7;122:25; | 25:12;26:20 | 71:12 | 23;118:13 | 41:5;53:17;57:21; |
| 124:16;126:25 | Landscaping (2) | left (5) | live (17) | 60:2;66:3;72:18; |
| keeps (2) | 28:3;33:6 | 30:6;53:22;89:4; | 37:17;49:3,7; | 73:23;86:14;102:4, |
| 117:9;124:11 | Lane (3) | 113:4,9 | 54:24;61:16;63:5,6; | 15;103:6;104:25; |
| kept (1) | 54:25;64:25;90:12 | left-hand (2) | 64:25;68:12;70:7; | 107:7;108:16;121:20 |
| 89:10 | Lanes (1) | 31:16,17 | 73:12;74:25;76:8; | looked (2) |
| Kevin (7) | 63:9 | legal (1) | 90:11;104:13;116:4; | 47:18;109:14 |
| 18:9;20:20,25; | LaPerch (5) | 119:5 | 117:14 | looking (11) |
| 21:6;22:8;28:16;30:7 | 68:5,7,10,12;69:8 | legally (1) | lived (4) | 9:21;15:19;33:3; |
| key (5) | Larchmont (1) | 123:4 | 55:4;62:22;90:19; | 37:6;58:19;73:15; |
| 21:9;23:6,7;27:21; | 62:2 | legislative (3) | 94:5 | 85:11;102:3;103:15; |
| 44:3 | large (4) | 10:11;12:6;76:25 | lives (3) | 104:2;110:7 |
| kid (1) | 84:3;106:2,3;120:2 | lend (1) | 80:13;81:19;93:6 | looks (1) |
| 71:3 | largest (1) | 5:10 | live-work (1) | 108:16 |
| kids (4) | 94:25 | length (1) | 69:4 | loop (1) |
| 38:9,12,21;60:10 | Laroue (19) | 91:24 | living (25) | 122:25 |
| kill (1) | 3:21,25;6:7;28:13; | less (6) | 9:11;25:7;31:20, | losing (2) |
| 72:20 | 29:2,25;31:12;56:2, | 34:24;35:6;48:22; | 20;32:5;34:23,23; | 81:20,22 |
| kind (10) | 25;60:24;89:12;96:5; | 49:10;51:3;62:8 | 35:21;39:7,13;40:6, | loss (2) |
| 7:18;18:22;31:12; | 97:11,20;113:25; | lessen (2) | 19,20;49:5,10;51:4; | 82:2,4 |
| 75:6;100:17;108:12; | 123:21;125:3,7; | 11:22;92:11 | 70:3;72:25;76:5; | lost (1) |
| 110:12;112:4; | 126:10 | letters (2) | 79:9;82:14;100:18, | 79:13 |
| 113:22;124:22 | last (21) | 19:20;125:13 | 19;117:23;120:7 | $\operatorname{lot}(18)$ |
| kinds (2) | 6:18;17:3,21; | letting (4) | livings (1) | 3:18;17:13,15; |
| 37:12;70:19 | 19:12;21:15;44:6; | 46:25;51:13;79:8; | 31:20 | 18:13;48:20;50:12, |
| kitchens (2) | 47:3,14;48:14;58:3; | 83:2 | load (1) | 18,18;69:3;70:25; |
| 36:22;38:6 | 62:4;67:13;68:15; | level (3) | 28:20 | 72:10;113:6,7,8; |
| knew (2) | 79:9,22;88:8;89:2,7; | 93:13;102:22; | loafers (1) | 117:5;121:2;124:21, |
| 114:14;122:19 | 105:22;114:24; | 103:5 | 78:7 | 21 |
| knowing (2) | 116:13 | leverage (1) | local (6) | lots (4) |
| 67:4;113:10 | lastly (6) | 67:20 | 6:11;16:13;34:2; | 27:17;36:21;59:18; |
| known (4) | 23:7;39:8,14; | life (2) | 68:24;104:19;122:23 | 120:11 |
| 8:25;10:14;93:18; | 59:19;77:10,13 | 61:23;62:17 | locally (2) | Louis (5) |
| 95:17 | late (2) | light (1) | 92:24;93:12 | 45:18,19,22,23; |
| knows (2) | 4:19;96:17 | 15:6 | located (6) | 46:6 |
| 70:3;82:20 | later (6) | lights (1) | 30:9;40:9;44:2; | love (4) |
|  | 4:14;5:3;7:15; | 63:12 | 53:7;93:16;117:11 | 60:9;81:22;82:7; |
| L | 17:9;63:2;110:10 | likely (5) | location (5) | 97:12 |
|  | law (7) | 20:10;34:15;35:3; | 32:12;36:8;88:18; | loved (3) |
| laboratory (4) | 5:7;6:11;8:3; | 42:18;95:6 | 92:24;93:17 | 79:13;82:2;83:3 |
| 32:18,21;35:5; | 16:13;29:10;75:21; | Linda (7) | lockdown (1) | low (1) |
| 93:15 | 121:8 | 28:14;41:16;47:9; | 57:24 | 102:5 |
| ladies (1) | Lawrence (1) | 110:18;114:25; | Locust (1) | luxury (1) |
| 7:20 | 68:14 | 115:12;123:15 | 47:15 | 100:9 |
| Lafayette (11) | laws (1) | lines (1) | lofty (1) |  |
| 30:13;32:25;83:23; | 85:10 | 121:24 | 17:19 | M |
| 99:17;101:18;102:2, | layout (2) | list (4) | long (12) |  |
| 20;103:12,19;114:12, | 27:18;32:7 | 18:7;83:7;89:14; | 13:25;39:16,23; | Madam (12) |
| 17 | lead (3) | 123:11 | 53:20;68:11,18; | 2:13;7:19;18:6; |
| Lake (7) | 10:19,21;11:3 | listen (2) | 73:22;93:24;105:20; | 20:15;21:5;29:4,9; |
| 26:25;84:2,7,11,11, | learn (1) | 96:15;126:23 | 107:21;119:2,7 | 54:25;61:15;79:6; |
| 14,19 | 37:18 | listened (2) | long-awaited (1) | 81:7;90:15 |
| land (7) | learned (1) | 91:18;92:15 | 91:13 | Mahoney (4) |
| 24:8;27:14;72:17; | 82:12 | listening (3) | longer (3) | 104:10,12;105:3,5 |
| 84:10;92:14;117:17; | least (8) | 95:19;108:5;117:9 | 34:16;113:11,12 | mail (3) |
| 118:17 | 34:17;55:20;71:5; | little (12) | long-winded (1) | 114:19;116:6; |
| lands (1) | 89:2;95:12;102:20; | 4:9;36:11;70:8; | 15:23 | 122:9 |

June 16, 2020

| mailing (1) | Margaret (1) | 17:1,18;18:1;19:1; | 13;114:15 | misread (1) |
| :---: | :---: | :---: | :---: | :---: |
| 116:10 | 104:10 | 20:1;21:1;22:1;23:1, | meets (1) | 120:5 |
| maintain (1) | Marisa (3) | 20,22,23;24:1,3;25:1, | 23:16 | missing (2) |
| 8:3 | 41:16;42:7;44:11 | 23;26:1,4;27:1,6,9; | member (6) | 66:21;88:17 |
| maintained (1) | Marissa (1) | 28:1;29:1;30:1;31:1; | 40:14;68:24; | mission (1) |
| 26:20 | 41:12 | 32:1,17;33:1;34:1; | 107:14;108:4;109:8; | 111:4 |
| maintaining (1) | market-driven (1) | 35:1;36:1;37:1;38:1; | 111:15 | mistake (2) |
| 39:17 | 22:22 | 39:1;40:1;41:1;42:1; | members (24) | 56:9;108:14 |
| major (8) | marketing (1) | 43:1;44:1;45:1;46:1; | 7:20;17:11,12 | mitigate (2) |
| 17:6;81:16;82:3,8, | 22:24 | 47:1,22;48:1;49:1; | 21:6;22:7;29:9; | 11:22;43:16 |
| 24;84:12;94:24; | market-rate (2) | 50:1,22,23;51:1;52:1, | 35:12,17;55:2;57:12; | mitigated (5) |
| 117:13 | 23:25;27:12 | 19,21,23,24;53:1,19, | 58:7;61:14;69:5; | 14:22,23;15:1 |
| majority (2) | marriage (1) | 23;54:1;55:1;56:1; | 79:7;81:8;90:15; | 109:15;110:9 |
| 84:23;119:25 | 49:14 | 57:1;58:1;59:1;60:1; | 98:5;106:12;107:6,7; | mitigation (3) |
| makes (2) | masks (1) | 61:1;62:1;63:1;64:1; | 120:3;123:14;125:6; | 15:5;92:6,7 |
| 68:19;69:3 | 79:16 | 65:1,18;66:1,9,9; | 126:25 | mitigations (1) |
| making (4) | massive (1) | 67:1;68:1;69:1;70:1; | memory (1) | 14:24 |
| 27:20;49:17;78:11; | 84:20 | 71:1,11,15,19;72:1, | 18:23 | mix (1) |
| 98:15 | master (24) | 24;73:1;74:1;75:1, | mental (1) | 24:8 |
| manage (2) | 8:3,3,12,14,16,19, | 16;76:1;77:1;78:1; | 79:16 | mixed (1) |
| 4:11;39:15 | 21,22;9:13,22;16:10, | 79:1;80:1;81:1;82:1; | mention (1) | 22:11 |
| management (2) | 17;29:15;30:19,21; | 83:1;84:1;85:1;86:1; | 87:16 | mixed-use (3) |
| 33:7,7 | 55:12;91:2,18;94:13; | 87:1;88:1;89:1;90:1; | mentioned (5) | 23:2,12;27:4 |
| manages (1) | 106:18,25;107:5; | 91:1;92:1;93:1,12, | 5:6,9;34:12;47:4, | mobile (1) |
| 5:19 | 108:18;115:11 | 14;94:1,18,22;95:1; | 23 | 38:12 |
| Mandy (3) | matter (3) | 96:1;97:1;98:1;99:1; | mentioning (1) | MOD (70) |
| 29:16;48:16;58:4 | 77:7;87:15;122:8 | 100:1;101:1,2,8,10; | 5:5 | 3:23;4:5;5:19;6:16, |
| MANGIONE (4) | matters (2) | 102:1;103:1;104:1; | met (5) | 16;16:12,25;17:11, |
| 124:4,7,7,10 | 16:20;108:12 | 105:1;106:1;107:1; | 53:5,11;58:4,4; | 16;22:14;23:9,10,19; |
| Manhattan (1) | may (22) | 108:1;109:1;110:1; | 62:10 | 24:7;27:20,22,23; |
| 62:6 | 2:24;7:9;11:8; | 111:1;112:1;113:1; | methods (1) | 29:14;30:17,22; |
| manner (1) | 12:10;17:9;29:4; | 114:1;115:1;116:1; | 40:3 | 42:11,25;43:11,14, |
| 25:25 | 37:15,16;38:11,13, | 117:1;118:1;119:1, | middle (2) | 25;52:16,18;54:4,7; |
| Manor (19) | 21,25;40:13,14; | 20,22;120:1,8;121:1; | 62:24;111:3 | 57:18;59:9,12,17,20; |
| 23:5;24:18;28:2; | 86:25;88:16;98:24; | 122:1;123:1;124:1, | might (3) | 65:3,18,19;66:2,8,10, |
| 29:13,13;30:6,9,15; | 118:18;119:23; | 11,13;125:1;126:1; | 7:24;67:8;100:2 | 10,11,19,22;67:6,11, |
| 31:14;32:10,24; | 120:2;125:15;126:9 | 127:1 | miles (1) | 16;68:17,19;75:21; |
| 35:19;46:22;52:16; | Maybe (8) | medical-orientated (2) | 63:5 | 76:9,16,24;77:4,17; |
| 82:6;102:11;104:13; | 12:14;51:7,17,20, | 9:6,23 | millennials (1) | 80:8,10,17;92:19; |
| 116:5;124:8 | 22;58:16;72:11; | medical-oriented (7) | 37:15 | 93:11;94:15;95:4; |
| many (40) | 119:22 | 6:10;22:13;28:7; | million (5) | 107:12,17,23,24; |
| 8:23;10:15;15:4; | McAndrew (5) | 55:8;90:23;107:12; | 24:24,25;25:2; | 119:11;124:11,16; |
| 16:5;20:16;37:7; | 18:9;20:24;21:5,7; | 119:18 | 34:4,5 | 125:10 |
| 50:17;53:15;55:16; | 22:8 | medicine (1) | million-dollar (1) | mod@townofcortlandtcom (1) |
| 65:4;66:5;72:4,8; | mean (8) | 94:7 | 58:19 | 5:17 |
| 73:5,9;75:4,7;79:12, | 72:5;73:11;97:21; | meet (2) | mind (3) | modern (3) |
| 23,24;80:9;81:18; | 98:19;106:20; | 43:20;57:2 | 51:20;103:23 | 36:22;38:6;40:15 |
| 82:2,20;87:16;91:7; | 109:23;118:20;121:6 | meeting (29) | 108:3 | modification (2) |
| 93:20;95:3,7,17,17, | means (1) | 2:4,5;4:5;6:21,23, | minimize (1) | 14:12;15:7 |
| 20;106:21;108:9,21, | 98:18 | 24;7:3;26:14;46:16; | 15:8 | modifications (2) |
| 21;113:2;120:2; | measures (2) | 47:3,7,11,14;48:14, | minimum (1) | 92:12;98:25 |
| 124:18,18 | 43:16,19 | 14;58:3;66:14;68:11; | 53:9 | modify (4) |
| map (2) | media (1) | 87:9;96:14;98:14; | minute (1) | 49:24;50:21;96:21; |
| 8:4;59:17 | 122:20 | 108:24;112:14; | 39:22 | 117:10 |
| maps (1) | MEDICAL (167) | 113:5;114:8,10; | minutes (1) | modifying (1) |
| 53:14 | 2:1;3:1;4:1;5:1; | 115:6;116:21,24 | 3:7 | 98:15 |
| March (5) | 6:1;7:1;8:1;9:1,10, | meetings (9) | Misra (5) | Mohegan (1) |
| 8:14;55:13;91:3; | 11;10:1;11:1;12:1; | 35:12,14;74:25; | 28:18;29:19;35:20; | 62:19 |
| 107:2;113:9 | 13:1;14:1;15:1;16:1; | 75:3,3;80:12;87:12, | 45:13,13 | moment (23) |


| 2:16;18:9,15;22:5; | 3:9,16 | narration (1) | 33:11,23;37:25; | Number (15) |
| :---: | :---: | :---: | :---: | :---: |
| 28:14,20;31:24; | moves (1) | 22:9 | 42:16,19,20,23; | 6:6;10:25;11:13; |
| 41:10,16;42:13;45:7, | 26:16 | nation (1) | 43:20;46:22;48:6,11; | 32:17;35:13;36:5; |
| 15,16,20;46:10; | moving (5) | 93:5 | 61:17;62:2;66:15,23; | 40:19;50:11;59:7,14; |
| 48:12;52:7,8;56:11; | 28:10;38:14;96:3; | nationally (1) | 67:10;68:13;72:10; | 70:24;77:21;98:3; |
| 74:15;78:24;96:11; | 97:11;118:8 | 22:25 | 81:11;93:9;94:10; | 103:24;107:15 |
| 98:5 | Mrs (2) | native (2) | 95:6;104:13,21; | numerous (1) |
| momentarily (1) | 80:22;99:1 | 5:12;28 | 108:23;117:16; | 65:25 |
| 29:22 | much (44) | natural (1) | 121:22 | nursing (1) |
| money (2) | 2:11;15:25;16:2; | 76:21 | news (1) | 76:4 |
| 51:8;81:25 | 29:8;31:8;41:9; | nay (1) | 58:25 | nutshell (1) |
| monitor (1) | 44:16;49:8;51:24; | 123:17 | newspapers (2) | 15:23 |
| 95:15 | 54:11,23;55:7;60:4; | near (4) | 48:18;122:23 | NYP (1) |
| monitoring (3) | 64:11,14;65:10;68:3, | 40:20;42:18;76:8; | next (30) | 66:20 |
| $12: 22 ; 39: 12,12$ | 4;69:7;71:10;72:4; | 84:10 | $14: 15 ; 20: 12 ; 28: 13,$ | O |
| month (8 |  | nearby | 14,16;32:16;34:10, | 0 |
| 109:24;112:14,15; | 83:6;86:2;88:6; | necessarily (1) | 47:13;49:7;52:4; | object (1) |
| 118:24,25;120:21 | 90:14,21;96:13; | 38:5 | 54:16;56:15;60:3,21; | 118:18 |
| months (10) | 97:15;99:5,23; | necessary (5) | 68:5;69:9;74:14; | objected (1) |
| 13:23,23;19:12; | $101: 12 ; 104: 6 ; 105: 2$ | 9:23;13:15;72:14 | 76:18;78:20;80:24; | 11:2 |
| 26:4;34:25;35:6; | 118:9;120:11,25; | 76:22;110:14 | 83:7,10,14;94:12; | O'Brien (5) |
| 44:6;81:17;109:25, | 122:2 | necessity (1) | 112:14,15;126:4 | 98:9,12,12;99:2,6 |
| 25 | multi (1) | 91:22 | Nice (4) | observed (1) |
| Montrose (1) | 36:9 | need (27) | 69:19;70:13; | 30:20 |
| 117:12 | multi-billion (1) | 12:15;23:19;58:18; | 103:25;124:20 | obtained (1) |
| more (45) | 40:2 | 59:24;66:19;70:12, | nightmare (2) | $58: 15$ |
| 3:23;9:10;12:14; | multi-phased (1) | 19,23;71:15,23; | $124: 20,22$ | obtaining (1) |
| 15:21;17:9;18:2; | 25:25 | 72:13,25;73:9;85:6; | nine (5) | 77:18 |
| 19:18;38:12,22; | multitude (2) | 86:12;93:2,19;94:16; | 13:23;45:9;50:10; | obvious (2) |
| 41:16;45:6;48:23,23; | 12:16;15:9 | 97:10;100:18; | 89:25;98:8 | 75:5;93:8 |
| 49:9,9,13,13;51:5,8; | Municipal (1) | 104:25;106:8,9,19; | nobody (5) | obviously (5) |
| 55:5;58:22;62:8; | 109:2 | 108:13;109:14; | 73:20;103:10; | 7:14;62:10;87:2; |
| $64: 2,2,2 ; 65: 10 ; 70: 9$ | must (8) | 115:12 | 114:16,16;117:9 | 94:18;102:23 |
| 77:25;79:10,25; | 5:6;10:12;59:13; | needed (8) | noise (1) | occupancy (2) |
| 81:23,24;82:13,15, | 119:6,9;120:17; | 58:12;62:15;76:14; | 26:9 | 25:20,22 |
| 19;84:15;90:19; | 121:8,9 | 77:22;92:14;93:19, | normalcy (1) | occur (4) |
| 92:22;94:2;95:5; | mute (3) | 25;94:23 | 80:13 | 22:19;25:11,25; |
| 98:17;100:8;107:5; | 54:13;56:8,11 | needs (8) | north (5) | $43: 14$ |
| $121: 2 ; 123: 22$ | muted (3) | 8:6,9;9:11;52:23; | $26: 25 ; 30: 14 ; 47: 5$ | O'Connor (3) |
| mortgage (3) | 45:20;64:17;88:12 | 72:21;73:7;94:4; | 66:25;67:5 | 99:8,10,11 |
| 100:3,6,14 | myself (8) | 118:13 | Northridge (3) | off (13) |
| most (11) | 17:21;40:21;49:21; | neighborhood (6) | 46:21;47:15,16 | 26:7;38:21;54:12; |
| 20:10;37:11;42:17; | 77:15;78:4;110:14; | 17:7;58:13,23; | note (1) | 57:11;65:2;85:5,8; |
| 50:13;57:13,17;58:3; | 111:19;115:12 | 103:7;118:18;121:16 | 14:7 | 90:7,9;107:19; |
| 62:7;95:18;120:12; |  | neighboring (1) | notes (2) | 112:13;113:11; |
| $123: 3$ | N | 92:3 | 4:4;47:2 | $117: 14$ |
| motion (3) |  | neighbors (12) | notice (1) | offer (1) |
| 3:7;125:16,16 | name (19) | 39:7;47:5,12; | 47:7 | 39:10 |
| motorists (1) | 20:23;21:3;28:18; | 58:21;65:9;66:6; | notices (2) | office (13) |
| 63:21 | 46:18;52:13;54:24; | 77:15;78:5;79:15; | 47:4;122:14 | 23:22,23;24:4; |
| Mountain (2) | 56:2,3;61:15;64:24; | 91:19;121:17;122:17 | notification (1) | 25:23;26:4;27:7,9; |
| 62:14;63:17 | 68:11;98:10;99:9; | nesters (3) | 7:12 | 52:23;58:11;93:14; |
| move (11) | 101:17,23;115:23; | 38:19,20;39:6 | notify (2) | 116:10,11,16 |
| 38:18;46:7;49:4, | 123:25;124:6,7 | net (3) | 122:18;126:3 | offices (4) |
| 13;50:20;52:8;54:15; | napkin (1) | 24:24;27:7;76:10 | November (7) | 9:11;17:18;52:21; |
| 55:21,22;56:14; | 109:6 | New (34) | 6:20;12:2,18; | 75:17 |
| 91:13 | narrated (1) | 10:13,23;17:23; | 109:17;114:9,15; | official (1) |
| moved (2) | 21:16 | 21:8;23:3;24:2;28:5; | 116:20 | 2:4 |


| officials (3) | 107:17;110:4 | 39:1;40:1;41:1;42:1; | output (1) | 78:2,4 |
| :---: | :---: | :---: | :---: | :---: |
| 55:2;85:9;90:16 | onset (1) | 43:1;44:1;45:1;46:1; | 24:23 | paraphrases (1) |
| offsite (3) | 43:22 | 47:1;48:1;49:1;50:1; | outreach (4) | 76:20 |
| 26:11;34:4,5 | onto (8) | 51:1;52:1;53:1;54:1; | 10:3;26:13;35:14 | parcel (1) |
| often (1) | 39:14,15;44:24; | 55:1;56:1;57:1;58:1; | 107:8 | 58:25 |
| 79:25 | 47:11;48:4;52:8; | 59:1;60:1;61:1;62:1; | outset (1) | parcels (1) |
| Ogden (2) | 56:14;80:7 | 63:1;64:1;65:1;66:1; | 23:12 | 120:6 |
| 52:14;62:24 | open (14) | 67:1;68:1;69:1;70:1; | outside (3) | Park (3) |
| old (6) | 11:25;25:10;27:20; | 71:1;72:1;73:1;74:1; | 91:8;93:20,24 | 21:8;29:23;32:3 |
| 38:18;49:7;50:9; | 28:6;33:6;63:15; | 75:1;76:1;77:1;78:1; | over (21) | parking (9) |
| 69:22;73:7;93:2 | 72:15;89:10,15; | 79:1;80:1;81:1;82:1; | 8:24;16:12,18; | 24:14;32:7;38:6; |
| Older (4) | 108:5;113:4,9;119:8; | 83:1;84:1;85:1;86:1; | 17:3;19:12;20:15; | 39:11;59:7,9,13,14; |
| 39:4;51:6,8;65:12 | 121:23 | 87:1;88:1;89:1;90:1; | 25:2;33:19,20;34:4,4, | 84:22 |
| old-fashioned (1) | opening (2) | 91:1;92:1;93:1;94:1; | 15;35:8,9,19;44:6; | part (16) |
| 97:3 | 18:4;62:12 | 95:1;96:1;97:1;98:1; | 53:12;59:10;62:8,25; | 10:17;12:7;13:13; |
| olds (1) | opinion (2) | 99:1;100:1;101:1; | 123:9 | 22:17;36:14;52:18; |
| 117:22 | 92:9,15 | 102:1;103:1;104:1; | overall (5) | 54:2,4,7;95:20; |
| once (9) | opportunities (2) | 105:1;106:1;107:1; | 24:15;25:9;26:2 | 96:13;101:9;104:17; |
| 6:15,25;11:17; | 16:5;95:4 | 108:1;109:1;110:1; | 76:7;85:23 | 106:18;114:18; |
| 14:2;29:12;35:11; | opportunity (13) | 111:1;112:1;113:1; | overarching (1) | 119:14 |
| 110:6;113:18;117:6 | 4:22;7:4;28:9; | 114:1;115:1;116:1; | 23:17 | participants (1) |
| one (60) | 55:7;69:5;81:10; | 117:1;118:1;119:1; | overflow (1) | 30:16 |
| 2:15;3:19,22;9:2,5; | 90:21;91:16;96:24; | 120:1;121:1;122:1; | 59:9 | participate (3) |
| 11:2,5,13;12:3;15:2; | 116:4;118:3,9;119:3 | 123:1;124:1;125:1; | overlay (1) | 14:8;96:10;123:15 |
| 16:13;17:6,6;18:15; | opposed (2) | 126:1;127:1 | 8:25 | participated (2) |
| 19:18;21:9;22:5; | 124:24;126:15 | originally (1) | overnight (1) | 9:18;30:20 |
| 28:14;33:12;34:10, | opposite (1) | 78:21 | 81:19 | participating (3) |
| 14;39:21;41:16;45:6, | 67:16 | Ossining (1) | overview (1) | 66:16;105:12; |
| 14;46:10;48:21,21; | opposition (1) | 36:6 | 19:15 | 126:20 |
| 50:4;52:8,17;61:17; | 123:5 | others (3) | own (10) | participation (2) |
| 66:13;70:4,9;71:2; | optimizing (1) | 66:4;80:5;93:18 | 19:22;37:19;40:9, | 67:10;127:4 |
| 74:15;75:12,23; | 24:13 | otherwise (1) | 10,18;55:17;65:13; | particular (8) |
| 78:24;81:23;85:17; | options (1) | 111:10 | 83:22;118:14,18 | 3:19;5:7,8,11;8:5; |
| 87:16;88:14;90:2; | 23:25 | ought (1) | owners (1) | 62:12;64:9,9 |
| 93:6;94:25;95:10; | Orchard (1) | 69:20 | 9:20 | parties (1) |
| 97:3;98:5;106:16; | 26:25 | ourselves (1) |  | 4:8 |
| 110:19;111:24; | Orchid (5) | 7:2 | P | partner (2) |
| 115:20;116:21; | 84:2,6,11,14,19 | out (38) |  | 22:8;110:21 |
| 120:8;121:2,10; | order (2) | 19:4;25:17;34:24; | packages (1) | partnerships (2) |
| 122:12;123:22 | 2:5;9:23 | 35:3,23;38:25;46:7; | 37:4 | 66:12,18 |
| one-minute (1) | ordering (1) | 47:12,14,24;48:2,4, | pad (1) | parts (3) |
| 21:10 | 50:13 | 19;50:18;52:6;53:21; | 32:17 | 20:3;76:18;84:4 |
| ones (4) | ordinance (13) | 58:7,12;60:21;62:9; | pads (1) | part-time (1) |
| 19:11;79:13;81:12; | 9:22;11:7,15;12:5; | 63:24;64:3;69:23; | 34:15 | 68:23 |
| 83:4 | 13:19;15:4;16:14; | 72:8;91:21;96:18; | pains (1) | passed (3) |
| one-third (2) | 57:19;59:9,12,15,20, | 98:16;104:18;109:5, | 34:12 | 7:6;47:11;123:16 |
| 7:22;13:3 | 25 | 6,24;116:18;118:4; | palatable (1) | passive (1) |
| ongoing (1) | organized (1) | 119:5;121:3;122:22; | 18:2 | 27:3 |
| 92:4 | 20:2 | 125:4,25 | pandemic (3) | past (2) |
| online (4) | ORIENTED (126) | outcome (1) | 6:24;82:11;93:5 | 81:17;82:25 |
| 16:11;50:14,19; | 2:1;3:1;4:1;5:1; | 94:19 | panel (1) | Patch (1) |
| 92:16 | 6:1;7:1;8:1;9:1;10:1; | outcomes (3) | 87:9 | 48:4 |
| only (24) | 11:1;12:1;13:1;14:1; | 65:24;67:14,20 | panelists (2) | path (1) |
| 11:16;13:2;16:13; | 15:1;16:1;17:1;18:1; | outdated (1) | 4:12;28:19 | 20:12 |
| 19:22;26:19;54:2,8; | 19:1;20:1;21:1;22:1; | $23: 23$ | Paragraph (1) | patience (2) |
| 59:11;61:22,25;63:9; | 23:1;24:1;25:1;26:1; | outdoor (4) | 59:21 | 18:15;20:19 |
| 66:22;70:6;82:11,15, | 27:1;28:1;29:1;30:1; | 24:6,12;36:17,19 | paramedics (1) | patient (1) |
| 16,17;83:24;85:17; | 31:1;32:1;33:1;34:1; | outlines (1) | 16:23 | 65:24 |
| 92:6,12;93:11; | 35:1;36:1;37:1;38:1; | 44:2 | paraphrase (2) | patiently (1) |


| 44:22 | 80:25;83:15;88:11, | 83:25;85:10;94:22 | Plus (1) | preceding (1) |
| :---: | :---: | :---: | :---: | :---: |
| Pause (2) | 24;97:24;98:9;99:9, | places (2) | 63:14 | 14:17 |
| 41:14;52:4 | 12,15;104:10;114:3, | 100:16,2 | point (14) | pre-Covid (2) |
| pay (1) | 4;115:22;123:24; | Plains (1) | 19:4;43:3;48:4; | 43:4;122:2 |
| 92:13 | 124:2 | 71:20 | 53:20;55:4,14;67:13; | prejudged (1) |
| Peapod (1) | permissions (1) | plan (66) | 80:8;90:18;91:4; | 108:6 |
| 50:15 | 56:21 | 8:3,4,13,14,16,19, | 106:4;109:16; | preliminarily (1) |
| pedestrian (1) | permissive (1) | 22,22;9:13,22;10:5; | 111:18;116:19 | 20:7 |
| 27:24 | 77:16 | 16:10,17;22:12,22, | pointed (1) | preliminary (1) |
| pedestrians (1) | permit (3) | 23;23:2,6,8,9,11,12, | 47:14 | 10:5 |
| 63:22 | 53:23;75:18,22 | 14,16,16;24:11,21; | points (1) | premature (1) |
| Peekskill (13) | permitted (1) | 25:13;26:16,19;27:4, | 68:3 | 67:24 |
| 42:16;43:7;61:16, | 86:10 | 13,14,16;30:5,19,19, | poised (1) | preparation (4) |
| 18,22,24;63:13,19; | person (8) | 21;31:3;48:7,10; | 94:11 | 14:16;37:4;55:16; |
| 72:11,13;75:8;92:3; | 5:19;38:8;56:15, | 49:13,19;55:13; | police (1) | 91:7 |
| 116:10 | 21;83:7;89:5;110:23; | 63:11;64:5;65:6,11; | 104:19 | prepared (7) |
| pending (1) | 123:22 | 66:11;67:13,17;71:6; | policies (1) | 11:4;21:16;22:24 |
| 92:2 | personal (1) | 91:2,2,18;94:13; | 16:12 | 31:4,7;81:19;91:23 |
| pensions (1) | 100:9 | 99:19;101:9;104:16; | pond (5) | pre-recorded (1) |
| 76:15 | pet (2) | 106:18;107:2,5; | 83:23;84:2,14; | 21:25 |
| people (49) | 37:6,9 | 108:18,21;115:7,11 | 86:14,19 | Presbyterian (2) |
| 3:18;4:20;7:13,14; | pharmacy (1) | planning (17) | pool (2) | 42:19;48:9 |
| 11:19;17:4,10;18:10, | 32:22 | 53:4,4,13;65:4 | 36:17,19 | present (5) |
| 14;20:16;36:11;37:3, | phase (10) | 67:25;68:20,23; | Port (1) | 3:4;18:10;30:25; |
| 18,22;38:13,13,17, | 11:20;25:17;26:10; | 95:14;107:3,15; | 36:7 | 76:23;93:7 |
| 20;39:16;50:13,25; | 34:19,21,22,22;35:2; | 108:11,23,25;109:2; | portions (1) | presentation (16) |
| 51:6,10,15;70:9;75:7, | 55:20;60:3 | 111:16;122:16;126:5 | 31:17 | 18:19;21:11,12,20, |
| 14;78:9,15,16;81:22; | phased (4) | plans (15) | posed (1) | 25;22:6,10,15;28:13; |
| 82:2,6;86:7;99:25; | 25:18;67:15,17,23 | 9:20;47:25;48:3; | 114:6 | 42:13;43:25;44:9,15; |
| 100:20,23;103:9; | phases (2) | 49:24;55:12;65:7,13, | position (3) | 92:15,16;99:20 |
| 104:24;107:10,22; | 17:25;35:4 | 16;66:3,5,24;91:16; | 17:3,4,10 | presentations (3) |
| 113:6;114:12,13; | phasing (2) | 97:10;107:7;124:12 | positive (2) | 4:7,14;44:22 |
| 116:22;117:19; | 25:15;34:12 | planted (1) | 64:8;123:18 | presented (3) |
| 118:14;122:13; | PhD (1) | 79:10 | possibility (1) | 47:19;48:8;104:15 |
| 124:21 | 72:6 | platforms (1) | 79:13 | preservation (2) |
| per (1) | phenomenal (1) | 122:21 | possibly (2) | 25:10;76:20 |
| 100:10 | 118:4 | play (3) | 32:22;34:16 | president (1) |
| perceived (1) | Phoenix (1) | 4:10;21:2,12 | post (3) | 45:18 |
| 12:11 | 69:22 | played (1) | 38:4;116:11,16 | pre-signed (1) |
| percent (4) | phone (6) | 21:25 | postal (1) | 4:17 |
| 25:9;27:19;116:17; | 45:9;46:8;48:15; | please (51) | 116:7 | press (2) |
| 124:25 | 57:16;64:17;98:7 | 2:6,13;3:8;5:23 | posted | 45:9;97:21 |
| Perfect (3) | physical (1) | 18:7,11;21:3;34:11, | 4:15;47:13 | pressed (1) |
| 57:10;108:8,8 | 16:11 | 25;41:10;42:4;45:8; | potential (3) | 93:4 |
| perfectly (1) | Picani (10) | 46:9,18;52:7;54:17; | 11:14;43:15;99:21 | pressing (2) |
| 94:11 | 45:18,24;52:2,4,5; | 56:25;57:2;60:5,25; | potentially (2) | 89:24;98:8 |
| perhaps (2) | 54:12;56:18;60:13; | 61:11;64:22;69:17; | 38:9;89:15 | pressure (1) |
| 35:22;56:9 | 89:2,3 | 74:7,20;79:3;81:3,4; | power (3) | 84:25 |
| period (5) | picture (1) | 82:21;83:9,17;88:10, | 88:18,22;96:9 | prestigious (1) |
| 12:21;35:8,9 | 60:10 | 15;89:23;90:6;96:11; | powerless (2) | 108:23 |
| 106:6;126:2 | piece (1) | 97:12,17;98:6,10; | 118:8,11 | presume (1) |
| permanent (4) | 72:21 | 99:7,9;101:16;104:9; | PowerPoint (3) | 105:24 |
| 33:20,21;53:25; | pinch (2) | 105:8;112:22; | 21:16;22:10;41:25 | pretty (4) |
| 95:3 | 39:22,24 | 115:22,25;123:24; | practice (1) | 62:15;63:15;86:2; |
| permission (29) | place (15) | 124:5;126:10 | 4:9 | 117:2 |
| 18:13,13;45:11; | 24:6;27:20,22; | Pleased (2) | practices (1) | previous (1) |
| 52:6,9;54:22;56:18; | 38:24;39:2;40:14; | 29:11;40:23 | 66:13 | 57:20 |
| 60:15,17,22;68:6; | 50:13,14;65:13; | pledge (2) | pre (1) | previously (2) |
| 69:10;74:16;78:25; | 68:12;72:13;82:8; | 2:7,9 | $4: 25$ | 5:6;31:11 |


| priced (1) | 58:10;61:20;62:12; | 108:10,19,20; |  | 11 |
| :---: | :---: | :---: | :---: | :---: |
| 70:6 | 67:22;69:25;86:23; | 115:7 | :14;23:19;52:2 | raised (10) |
| primarily (1) | 95:2,15;106:3;108:4, | prove (1) | 05:21 | 14:5;45:10;55:6; |
| 9:15 | 7,16;110:15;111:13; | 114:22 | push (1) | 5:25;90:20;97:7,8; |
| primary (1) | 119:25;121:11; | provide (8) | 51:9 | 108:9;115:21;123:23 |
| 91:25 | 124:11 | 12:19;13:14;25:5; | pushed (1) | rallies (1) |
| principle (1) | projected (3) | 33:23;34:4;36:25; | 59:10 | 79:16 |
| 85:25 | 24:21;42:24;43:10 | 59:13;93:13 | pushing (1) | range (3) |
| Prior (6) | projects (7) | provided (1) | 84:24 | 23:25;36:23;121:2 |
| 6:19;9:25;16:19 | 36:5;38:17;39:19 | 30:2 | put (25) | rate (1) |
| 87:12,13;122:13 | 92:2,4;98:25;126:8 | provider (1) | 7:12;13:6;14:2 | 100:6 |
| private (2) | promote (1) | 41:5 | 41:25;44:17;48:5,11; | rates (1) |
| 66:12;94:8 | 41:11 | provides (3) | 49:19;50:18;51:12; | 25:21 |
| probably (9) | promoted (1) | 25:18;52:21;83:2 | 57:20;71:8;73:2,18; | rather (5) |
| 34:21;35:6;43:3; | 4:12 | providing (4) | 82:21;84:25;103:13; | 31:4;63:18;75:9, |
| 50:17,17;71:4;72:18; | prompt | 22:9;23:24;24:8 | 112:5,13;113:11,20; | 21;104:16 |
| 102:3;106:19 | $2 \cdot 3$ | 70:17 | 117:11,12;119:13; | ratio (1) |
| problem (4) | properties (11) | proximity (1) | 121:24 | 28:4 |
| 56:23;97:23;98:4; | 9:16;10:7;38:2,3; | 65:2 | puts (2) | rational (1) |
| 101:24 | 39:14,15,16,18;54:3; | public (80) | 51:3,5 | 80:16 |
| problems (1) | 59:23;118:16 | 3:17,20,24;4:3,18 | putting (4) | reach (4) |
| 62:10 | property (23) | 23;5:23;6:2,4,8,18, | $48: 13 ; 92: 21$ | 47:24;48:2,19;58:7 |
| procedures (1) | 9:20,21;23:24 | 19,23;7:11;11:25; | 105:19;117:7 | reached (1) |
| 40:4 | 25:9;28:3;30:8; | 12:2,6,7,10,17,19,24; |  | 104:18 |
| proceed (8) | 32:11;33:22;52:19; | 13:4,24;14:6,9,18,19; | Q | read (7) |
| 4:3;16:7;18:6;29:5, | 53:3,22;72:21;73:16, | 15:18;16:6,16;18:22; |  | 6:7;48:17;75:11; |
| 7;35:18;58:9;95:22 | 18,21,21;75:17; | 19:2,20,21;20:8,17 | Quality (2) | 96:12;105:23;122:4; |
| process (34) | 83:22,24;85:15 | 21:17;22:18;29:15; | 10:14;65:22 | 125:7 |
| 4:6;5:21;6:15;7:22, | 102:24;103:25; | 31:7;35:13;44:25; | QUARTUCCIO (4) | readily (2) |
| 25;10:10,17;11:2; | 118:15 | 57:20;66:22;67:9; | 54:23;90:3,8,14 | 93:2;94:22 |
| 13:3,19;15:12,15,24; | proposal (17) | 81:13;89:20;95:12; | Quartucio (7) | reading (3) |
| 22:18;30:17,21;41:6; | 19:5;22:20;34:3 | 96:23;97:5;98:6,17, | 54:16,24;90:4,5 | 63:10;65:4;78:3 |
| 44:3;53:12;59:5; | 55:9;59:3;76:12,24; | 17,20,22;99:13; | 11;97:15;98:3 | ready (6) |
| 60:3;77:18;91:20; | 77:4,18;82:13;90:23; | 105:13;107:7,9,14; | quick (3) | 41:3;55:19;91:12; |
| 95:8,11;105:17; | 91:17;96:3,21; | 109:18,21;110:5,6; | 31:10;75:2;78:4 | 120:24;121:11;126:3 |
| 112:12;118:2,25; | 107:24;117:19 | 111:4;112:11,13,22; | quickly (2) | real (8) |
| 119:4,5;121:7,22; | 125:10 | 113:19;119:7; | 3:6;75:15 | 33:22;40:2;66:21 |
| 123:3 | proposals (8) | 120:20;122:4,6 | quiet (1) | 68:18;73:22;74:25; |
| professional (3) | 9:19;11:11;17:5 | 125:8,9,11,16; | 124:20 | 78:4;84:12 |
| 35:17;71:13; | 20;66:4;96:21; | 126:16,18 | quite (4) | realistic (1) |
| 111:12 | 119:21;120:6 | publicly (2) | 32:8;61:21;71:18; | 58:22 |
| professionally (1) | proposed (30) | 17:3;98:1 | 112:6 | reality (1) |
| 95:23 | 6:11;12:4;14:22 | public's (1) | quoted (1) | 118:13 |
| professionals (3) | 19:16;22:11,12; | 99:18 | 48:17 | realize (1) |
| 71:23;72:3;82:3 | 25:16;26:20,23; | PUGLISI (54) |  | 103:20 |
| profile (4) | 31:19,21;32:2,12,25; | 2:2,11;3:2,3,5,11 | $\mathbf{R}$ | really (28) |
| 37:7,12;38:7;39:5 | $34: 9,19 ; 43: 5,11,23 ;$ 52:16.50.8,15,25. | $\begin{aligned} & \text { 16;4:25;5:25;6:6,12; } \\ & \text { 15:25;18:16,25; } \end{aligned}$ |  | $15: 15 ; 21: 20 ; 30: 17$ |
| $\begin{aligned} & \text { program (3) } \\ & 25: 5 ; 27: 5 ; 31: 22 \end{aligned}$ | $\begin{aligned} & 52: 16 ; 59: 8,15,25 ; \\ & \text { 65:3,7,17;75:6;76:8 } \end{aligned}$ | $\begin{aligned} & 15: 25 ; 18: 16,25 \\ & 19: 18 ; 20: 9,14,22 \end{aligned}$ | 30:10 | $\begin{aligned} & \text { 48:24;70:13,18; } \\ & 72: 15,22 ; 73: 25 \end{aligned}$ |
| programmed (1) | 92:7;99:19 | 21:4;22:4;28:12,22, | railroad (1) | 76:17;78:14;85:17; |
| 40:12 | proposing (1) | 25;29:6;41:7,13,21; | 9:4 | 90:17;100:23;101:4, |
| programming (1) | 40:7 | 44:24;45:3,24;46:13; | rain (2) | 7,10;103:6,20; |
| 25:6 | pros (1) | 54:9,19;55:25;56:8, | 36:22;85 | 104:24;108:12; |
| progress (3) | 61:19 | 24;57:5,12;60:9,24; | raise (17) | 109:21;110:13,16; |
| 49:14;91:14;95:15 | prospective (1) | 61:4,7,13;64:11; | 4:21;5:23;45:8; | 115:14;116:14; |
| project (28) | 18:23 | 66:15;68:2;69:7; | 46:9;54:17;57:3; | 118:2,7 |
| 15:7;24:25;29:21, | protect (1) | 74:12;80:20;83:5,10, | 83:8,12;88:10,15; | reason (7) |
| 24;34:18;35:19;36:4; | 76:22 | 19;108:20;110:18 | 89:23;97:18;98:7; | 12:11;58:9;66:19; |
| 40:25;48:13,18;50:4; | proud (4) | purpose (7) | 99:7;104:9;105:8; | 90:9;112:9,25; |


| 118:25 | referenced (2) | rental (6) | 82:17;99:22;120:8; | 124:14 |
| :---: | :---: | :---: | :---: | :---: |
| reasonable (3) | 10:15;105:24 | 32:9;37:20,25; | 124:20 | retired (1) |
| 18:2;70:9;85:22 | references (1) | 38:8;48:23;73:2 | residential-rental (2) | 51:7 |
| reasons (3) | 30:18 | rentals (2) | 29:24;32:4 | re-vegetation (1) |
| 17:9;39:5;65:17 | referendum (1) | 49:10;51:10 | residents (27) | 28:3 |
| receive (10) | 77:17 | renters (2) | 4:16;10:4;18:11; | revenue (3) |
| 12:3,7,23;13:22; | referred (4) | 37:7,12 | 21:22;22:16;24:4,7; | 51:5;58:18;76:16 |
| 14:7;37:3;47:4,7; | 12:5;14:10;22:13; | rents (2) | 26:14;27:2;44:18; | revenues (2) |
| 108:22;125:12 | 114:14 | 49:3;100:10 | 48:9;65:12,15;75:4, | 68:22;76:11 |
| received (4) | reflect (1) | reopen (1) | 8;76:24;78:17;81:9; | review (8) |
| 14:9;44:8;88:19; | 7:24 | 80:14 | 89:18;95:6;97:13; | 10:13,14,20;20:4; |
| 122:14 | refresh (1) | repair (1) | 99:6;104:8;105:7; | 53:15;55:16;91:7,16 |
| receiving (2) | 18:22 | 73:19 | 107:6;108:9;116:11 | reviewing (1) |
| 12:17;57:16 | refresher (2) | replace (1) | resist (1) | 13:17 |
| recent (1) | 21:21;22:15 | 23:23 | 118:22 | rezone (2) |
| 101:2 | refrigerated (1) | replacement (2) | resolves (1) | 73:15,17 |
| recently (1) | 37:2 | 28:4;67:24 | 107:23 | rezoning (1) |
| 58:3 | regarding (5) | report (1) | resources (7) | 75:20 |
| recognized (1) | 6:9;55:8;77:20; | 44:4 | 21:14;27:15;76:22; | rich (1) |
| 22:25 | 90:22;125:10 | reports (1) | 92:23;94:3,16,22 | 70:7 |
| recommend (1) | regardless (1) | 20:11 | respect (1) | Richard (6) |
| 82:3 | 5:12 | representatives (1) | 13:18 | 45:6,7,10,12,15; |
| recommendation (2) | regards (2) | 57:24 | respectfully (1) | 52:14 |
| 8:7,20 | 76:11;77:6 | represented (1) | 111:20 | Richard's (1) |
| recommendations (2) | register (3) | 116:23 | respond (4) | 3:5 |
| 8:23;16:15 | 5:2;7:13,14 | representing (1) | 97:10;106:10; | Ridge (5) |
| reconsider (1) | reiterate (3) | 29:12 | 122:11;125:25 | 47:5;102:10,25; |
| 82:23 | 96:19;105:15; | request (8) | responded (6) | 103:2,14 |
| record (22) | 112:4 | 46:5;52:17;54:8; | 5:12;44:9;47:9; | right (35) |
| 12:23;21:2;46:17; | reiterating (1) | 77:16,19;88:25; | 98:21;107:11;114:7 | 3:6,16,17;4:16,20; |
| 56:4;57:20;60:5,9; | 17:8 | 110:16;111:19 | response (3) | 6:2,6;18:5;20:14; |
| 64:23;74:6,9,20; | rejoins (1) | requested (1) | 5:11;14:16;107:13 | 30:8;32:25;62:23; |
| 75:12;79:4;81:5; | 45:17 | 27:2 | responses (3) | 64:17,21;68:2;70:2, |
| 89:9;90:6;98:11; | relate (1) | requesting (1) | 66:3;98:24,24 | 15;78:23;80:18; |
| 99:10;101:17; | 119:19 | 53:25 | responsibility (1) | 86:19;87:23;88:12, |
| 115:23;123:25;124:6 | related (2) | required (3) | 95:23 | 18;97:14;102:17; |
| recorded (4) | 26:12;91:24 | 8:2;43:22;59:14 | responsible (1) | 106:24;107:20; |
| 4:14;15:16;21:12; | relative (1) | requirement (1) | 24:20 | 109:11,23;110:3,11, |
| 92:5 | 86:19 | 26:6 | rest (5) | 24;111:2;118:15; |
| recreational (1) | remain (1) | requirements (4) | 73:25;78:16;96:11; | 121:14 |
| 116:8 | 95:11 | 43:21;52:25;53:5, | 97:12;120:20 | rigors (1) |
| recuse (7) | remaining (2) | 11 | restaurant (4) | 93:22 |
| 77:7;110:14,18; | 94:23;95:12 | requires (1) | 33:2;35:5;50:9; | rise (1) |
| 111:19;114:25; | remarks (1) | 109:7 | 58:12 | 2:6 |
| 115:12,13 | 18:4 | research (1) | restaurants (1) | River (2) |
| re-drawing (1) | remember (2) | 100:10 | 124:14 | 102:18,18 |
| 59:17 | 10:16;62:25 | residences (1) | restoration (1) | Rivera (4) |
| reduce (3) | remind (1) | 52:24 | 25:13 | 80:24;81:2,6,6 |
| 15:8;24:15;59:15 | 59:19 | resident (11) | restrictions (1) | road (18) |
| reduced (2) | remove (1) | 36:4;45:5;61:18, | 119:8 | 8:4;17:6;26:7; |
| 15:10;24:14 | 18:13 | 22;68:5;69:9;78:20; | result (2) | 27:16;34:18,18; |
| reduction (2) | removed (2) | 88:8;89:7;111:22; | 30:21;67:18 | 46:21;47:5,15;62:9, |
| 15:7;65:23 | 26:18;27:9 | 115:20 | resulted (1) | 21,23;63:3,8,16,25; |
| redundant (1) | rendering (1) | residential (22) | 8:12 | 116:5;122:2 |
| 47:20 | 93:25 | 17:7;25:24;26:5, | resulting (1) | roads (2) |
| re-evaluate (2) | renovating (1) | 21;27:12;32:2,8; | 25:21 | 47:15;71:7 |
| 73:25;101:11 | 38:14 | 34:24;36:3;37:13; | retail (10) | roadway (1) |
| refer (1) | rent (2) | 38:16;54:5;58:22; | 32:18,22;50:3,5,12, | 43:13 |
| 106:5 | 99:24;100:12 | 65:9;73:16,17,20,21; | 19,20;58:11;120:7; | roadways (1) |

June 16, 2020

| 42:23 | 17;121:21 | seem (3) | set (2) | shortens (1) |
| :---: | :---: | :---: | :---: | :---: |
| role (1) | Santucci (6) | 72:14;89:6;107:22 | 27:19;121:8 | 26:8 |
| 11:4 | 29:16;48:15,16; | seems (4) | seven (5) | shovel (1) |
| roll (1) | 58:5;78:8;95:17 | 14:4;45:15;56:13; | 50:7;75:11;120:5, | 105:19 |
| 2:12 | Santuccis (2) | 89:3 | 10,25 | showing (1) |
| rollercoaster (2) | 58:20;68:15 | sees (1) | several (4) | 102:14 |
| 79:18,23 | Sarah (1) | 78:13 | 8:22,24;19:12;58:7 | shown (3) |
| room (3) | 99:16 | sell (2) | severe (1) | 42:12;102:5,21 |
| 21:12;36:15;37:3 | saw (4) | 39:2,17 | 93:20 | shows (2) |
| rooms (1) | 4:9;62:17;75:3; | send (4) | sewer (1) | 30:6;102:22 |
| 75:3 | 78:22 | 47:8;54:14;96:25; | 121:24 | shutdown (1) |
| Route (17) | saying (13) | 119:3 | sewers (1) | 76:3 |
| 30:11;42:17,19; | 7:21;28:18;48:18; | sending (1) | 123:10 | side (7) |
| 43:9;47:16;50:11; | 70:20;79:22;96:18; | 116:18 | shaken (1) | 26:25;66:25;67:5, |
| 52:15;53:6;62:7,17, | 106:7;117:3,8,18; | sends (2) | 93:5 | 7;92:2;102:8;109:9 |
| 20;63:19,19;101:22; | 118:5,6;119:12 | 46:5;97:8 | share (4) | sidewalks (1) |
| 107:20;117:15; | scale (3) | senior (3) | 41:2;55:7;66:7; | 33:6 |
| 121:20 | 51:11;73:4;120:13 | 51:4,4;76:4 | 90:22 | $\boldsymbol{\operatorname { s i g n }}$ (3) |
| rude (1) | scaled (2) | seniors (1) | shared (3) | 4:20,22;89:19 |
| 115:14 | 72:22;121:15 | 94:20 | 24:13;27:15;59:13 | signalized (1) |
| rule (1) | scenario (1) | sense (12) | SHATZKIN (102) | 33:8 |
| 73:7 | 49:2 | 24:5;27:22;50:23, | 2:14,18,20,22;3:4, | signatures (2) |
| rules (1) | schedule (1) | 25;66:22;68:19;69:3; | 21;4:4;5:4;6:8;18:8, | 77:19,22 |
| 77:20 | 14:6 | 73:7,8,23;102:13; | 17;20:20,25;22:5; | signed (2) |
| running (1) | school (3) | 118:14 | 28:14;29:3;30:3; | 44:19;88:8 |
| 84:16 | 58:17;80:16; | sent (8) | 35:22,25;41:9,15,19, | significant (1) |
| runs (1) | 117:21 | 45:21;47:12;54:15; | 22,24;42:4;44:12,16, | 43:13 |
| 30:13 | schooling (1) | 60:18;75:10;88:12, | 21;45:2,5,14,25;46:4, | similar (2) |
| Russo (21) | 79:15 | 25;122:10 | 12,17,23;51:24; | 39:5;79:17 |
| 41:12,23;42:8; | schools (2) | separate (2) | 52:12;54:11,20; | simple (1) |
| 74:15,18,21,21,24; | 51:4;80:13 | 115:10;120:5 | 55:23;56:6,10,23; | 52:17 |
| 77:10,13,15,24,25; | scope (3) | separately (3) | 57:2,6,9;60:4,8,12; | simply (3) |
| $78: 20 ; 114: 2,4,5,6,21$ | $42: 10 ; 59: 16 ; 76: 12$ | $31: 7 ; 35: 15 ; 40: 11$ | $61: 2,5,8,11 ; 64: 14,21$ | 86:7;96:22;119:19 |
| 115:17,19 | scratched (1) | separates (1) | 68:4,9;69:8,14,17; | single (3) |
| Ryan (2) | 109:5 | 30:14 | 74:4,8,14,19,23; | 25:17;26:10;122:8 |
| 114:2,4 | screen (1) | September (2) | 77:23;78:19;79:3,19; | singles (1) |
| S | seating (1) | $9: 25 ; 10: 9$ SEQRA (6) | $\begin{aligned} & \text { 80:22;81:3;83:6,11, } \\ & \text { 17;86:15;88:6,23; } \end{aligned}$ | $39: 4$ sit (1) |
|  | 36:17 | 6:10;10:16;14:20; | 89:14,18;90:5;96:7; | 109:9 |
| safe (1) | second (19) | 121:8,22;125:10 | 97:14,23;98:4;99:5; | site (23) |
| 83:3 | 3:8,10,22;11:20; | sequence (1) | 101:12,16,20;104:6; | 26:16,19;29:16; |
| safety (4) | 12:6;23:2;31:13,24; | 121:9 | 105:2,6;111:21; | 30:5,6,7,15,15;31:15, |
| 76:7,23;79:15; | 32:9;34:20,22;66:7; | sequential (1) | 114:2;115:18,25; | 15,24;32:10,12,17, |
| 82:22 | 75:22;82:19;98:2; | 25:25 | 123:22;124:5,9; | 24;34:13;35:2,8,10; |
| Sal (4) | 111:24;118:12; | serious (1) | 125:9;126:11,16 | 58:6,14,24;87:2 |
| 46:10,17,20;58:3 | 119:24;125:20 | 49:23 | shearing (1) | sites (1) |
| salaries (1) | Secondly (2) | serve (4) | 78:10 | 33:4 |
| 76:14 | 96:14;116:19 | 22:15;24:2;52:23; | sheltered (1) | sitting (2) |
| salary (1) | seconds (1) | 93:12 | 50:14 | 37:10;103:4 |
| 100:16 | 78:2 | service (2) | shifted (1) | $\boldsymbol{\operatorname { s i x }}$ (2) |
| sales (1) | section (5) | 37:9;116:7 | 43:18 | 75:11;77:3 |
| 33:22 | 43:9;52:20,22; | services (8) | shop (1) | six- (1) |
| Salvatore (2) | 59:20;76:18 | 23:20,22;36:25; | 73:19 | 34:21 |
| 46:7,8 | security (1) | 37:6;65:22;76:13; | shopping (2) | size (7) |
| same (16) | 39:12 | 93:16;104:21 | 50:6;62:13 | 15:8;26:22;71:17, |
| 13:16,18;26:6; | seeing (7) | serving (1) | ShopRite (1) | 21;72:3;76:11;84:3 |
| 48:6,10;49:19;63:3; | 54:18;57:22;63:10; | 28:6 | 121:22 | skeptical (1) |
| 82:10;100:17;103:5; | $78: 23 ; 112: 8,9$ | session (1) | short (2) | 76:9 |
| 112:9,10,15;113:3, | $113: 17$ | 4:10 | 4:7;59:11 | skin (1) |


| 50:25 | space (16) | 30:7;49:11,16; | 101:16;108:23; | streets (1) |
| :---: | :---: | :---: | :---: | :---: |
| slash (2) | 23:23;24:6,7,16; | 74:24 | 115:23;117:16; | 92:2 |
| 17:22;32:17 | 25:10;27:20;28:6,6; | spoken (3) | 123:25;124:5;125:21 | streetscape (1) |
| sleeping (1) | 32:18,21;33:6;50:3,5, | 83:21;104:24; | stated (6) | 27:24 |
| 62:25 | 12;72:16;93:15 | 108:21 | 6:12;17:3,8;21:19; | stretch (1) |
| slide (7) | spaces (7) | sponge (2) | 44:8;66:15 | 109:24 |
| 27:21;30:12;31:13; | 48:23,24;50:10,11, | 84:25;85:2 | statement (15) | stricken (1) |
| 34:10,25;42:2,13 | 20;59:7,14 | sponsor (4) | 11:6,10;13:11,18, | 93:23 |
| slides (2) | speak (46) | 29:19,23;36:3; | 21;14:4,20;21:19; | strict (2) |
| 24:19;30:2 | 3:18;4:9,13,17,21, | 40:24 | 31:6;55:15;57:23; | 9:3;59:21 |
| slow (1) | 23;5:2,22;41:2; | sponsored (1) | 87:19;91:6;106:7; | strictly (1) |
| 82:23 | 44:19;46:15,16,25; | 10:2 | 125:8 | 85:12 |
| small (3) | 51:13;52:10;54:22; | spring (1) | State-of=the-art (1) | strong (1) |
| 36:18;108:8; | 56:18;60:16;64:8; | 85:4 | 23:22 | 85:10 |
| 109:13 | 69:5;74:17;78:25; | square (10) | state-of-the-art (2) | strongly (1) |
| smaller (4) | 79:8;80:25;81:10; | 27:6,8,8,10;32:20, | 27:6;40:15 | 59:16 |
| 32:19;98:16; | 83:2,15;88:24;89:25; | 21;47:22;50:5;53:9; | states (4) | structures (2) |
| 104:15;120:13 | 96:2;97:17,25;98:6, | 71:15 | 56:2;59:21;76:20; | 35:7;120:9 |
| smart (3) | 9;99:7,9,12,15;104:9; | stability (1) | 121:8 | struggles (1) |
| 24:20;68:21;69:2 | 105:8;110:12;114:3, | 91:15 | stating (2) | 81:18 |
| Smithtown (2) | 4;115:22;123:23; | Stacy (5) | 55:25;125:22 | studied (5) |
| 48:6,11 | 125:5 | 80:24,24;81:4,6; | station (2) | 12:15;25:16;32:15; |
| snail (1) | SPEAKER (16) | 83:6 | 16:23;119:15 | 34:9;87:17 |
| 122:9 | 3:10;56:20;80:24; | staff (11) | stay (2) | studies (4) |
| social (2) | 89:11,16;90:7,13; | 15:14;19:23;20:4; | 72:14;74:2 | 11:6,11;22:24;72:7 |
| 67:3;122:20 | 96:5,8;97:20;98:2; | 24:3,4;35:17;40:12; | stayed (1) | studio (2) |
| solution (2) | 105:22;115:15,16; | 44:7;55:3;90:16; | 124:23 | 36:13,14 |
| 67:23;113:15 | 122:13;125:18 | 126:24 | Steinmetz (13) | study (9) |
| somebody (10) | speakers (1) | stage (1) | 28:17;29:2,4,6,8, | 8:11,12;42:11; |
| 40:18;49:3,6,7; | 89:13 | 87:23 | 10,11;30:4;39:20; | 55:17;75:13,24; |
| 63:25;86:13;106:17; | speaking (7) | stages (2) | 41:8;44:11,20;78:8 | 76:17;91:9,23 |
| 109:5;110:13;111:8 | 5:9;21:8;28:22; | 95:10,12 | step (5) | stuff (4) |
| someone (5) | 29:18;49:21;118:22; | stakeholder (2) | 10:17;13:2;91:13; | 72:16;73:8;116:10, |
| 70:4;85:14,19; | 123:14 | 23:6;29:13 | 94:12;126:4 | 17 |
| 86:18;120:4 | special (2) | stakeholders (10) | still (20) | style (3) |
| sometimes (3) | 75:18,22 | 9:14;10:6;17:22; | 5:2,14;7:23;51:7; | 38:3;39:7,13 |
| 15:5,6;93:19 | specific (2) | 18:20;19:8;21:10,23; | 52:5;56:6;58:11; | subdivision (1) |
| somewhat (2) | 22:14;23:18 | 22:17;92:8,13 | 59:8,16;62:19;63:3; | 27:16 |
| 33:18;84:24 | specifically (1) | standpoint (1) | 87:13;89:3;96:23; | subject (2) |
| sons (1) | 43:7 | 68:20 | 111:23;112:11; | 16:20;31:6 |
| 90:20 | specifics (1) | stands (2) | 113:7,8;125:23; | submission (1) |
| soon (2) | 31:22 | 65:20;66:8 | 126:20 | 10:8 |
| 74:3;85:19 | spectrum (2) | star (3) | stimulate (2) | submit (4) |
| sorry (8) | 23:21;65:22 | 45:9;89:25;98:8 | 34:2;91:14 | 5:15;89:8;96:24; |
| 28:15;40:25;43:17; | speculators (1) | start (4) | stimulation (1) | 125:23 |
| 45:6,14;54:17;97:22; | 78:10 | 18:8;57:11;67:18; | 33:17 | submitted (1) |
| 105:3 | speeding (1) | 110:5 | stop (1) | 65:25 |
| sort (4) | 105:18 | started (2) | 67:18 | subsequent (1) |
| 18:14;71:25;112:5; | spelled (1) | 96:18;109:17 | storefronts (1) | 76:14 |
| 113:16 | 119:5 | starting (1) | 72:12 | subsequently (1) |
| source (3) | spend (3) | 70:2 | stores (4) | 6:22 |
| 84:7;85:8;88:22 | 39:3;78:5,9 | state (31) | 50:7;72:10;124:14, | Substantial (3) |
| south (7) | spending (1) | 8:2;10:13,24; | 21 | 33:20;35:12;70:24 |
| 30:14;31:25;63:18, | 65:3 | 14:10;18:5;20:22; | stories (1) | succeed (1) |
| 20;67:7;84:2;102:16 | spine (1) | 21:3;42:20,23;43:12, | 103:3 | 65:16 |
| Soyka (12) | 34:18 | 20;46:18;53:6;60:5; | stormwater (3) | success (1) |
| 83:14,14,16,20; | spirit (1) | 64:22;74:5,8;75:2; | 13:8;33:6;34:20 | 66:18 |
| 86:15,17,21;87:6,20, | 51:16 | 79:4;81:4;90:6; | Street (3) | successful (1) |
| 24;88:4,7 | spoke (4) | 94:13;98:10;99:9; | 61:16;101:22,23 | 94:18 |


| sudden (1) | 122:19;123:12;125:9 | 80:14 | thousand (2) | 36:22,23 |
| :---: | :---: | :---: | :---: | :---: |
| 104:2 | surgeon (1) | team (3) | 47:21;53:7 | total (2) |
| sued (1) | 53:2 | 30:16,24,25 | threat (1) | 77:21;120:3 |
| 110:2 | surround (1) | Teamsters (1) | 93:8 | touch (1) |
| sufficient (7) | 9:9 | 45:19 | three (8) | 44:5 |
| 7:2,8,11;11:18; | surrounding (6) | technically (1) | 13:23;17:21;22:21; | touched (1) |
| 14:24;15:2;87:17 | 36:16;42:17;47:6; | 31:25 | 52:25;53:5;71:4; | 93:6 |
| sufficiently (1) | 50:2;84:8;95:5 | telephone (2) | 88:14;123:18 | tours (1) |
| 12:9 | survey (5) | 89:24;122:9 | throughout (4) | 72:12 |
| suggesting (1) | 47:17,18;114:14, | ten (2) | 25:11;36:5;39:19; | towards (5) |
| 80:11 | 18;116:12 | 77:25;109:25 | 91:20 | 49:14;62:19;63:8, |
| suggestions (1) | surveys (1) | tend (1) | throw (2) | 14;102:16 |
| 16:14 | 107:10 | 39:8 | 72:7;85:8 | town (154) |
| suited (1) | suspect (1) | Terin (5) | thus (2) | 2:4,6;3:21,21;6:13, |
| 49:25 | 110:23 | 78:20,21,24;79:5, | 20:19;119:21 | 21,23;7:5,17;8:2,5, |
| summarize (1) | sustainability (1) | 19 | tied (1) | 10,15,17,20;9:14,21; |
| 42:10 | 17:14 | term (1) | 38:22 | 10:2,3,8,10,12,18,21; |
| summarized (1) | sustainable (7) | 39:16 | times (8) | 11:2,17;12:20,21; |
| 91:24 | 22:23;23:15;27:4, | terms (3) | 10:15;57:14;81:15; | $13: 16,22 ; 14: 2,18,23$ |
| summarizes (1) | 14;65:6;106:25; | 33:15;34:16 | 84:12;87:16;93:22; | 16:14,15,22;17:15; |
| 27:21 | 108:18 | 104:20 | 106:21;108:22 | 18:3;19:6,6,6,10,23; |
| summary (1) | synergistic (1) | terrace (1) | TOD (2) | 20:6,11;21:6,13,19, |
| 16:2 | 23:3 | 24:12 | 119:12,1 | 23;22:3,7,16;29:9; |
| summer (2) | system (2) | Terrific (1) | today (6) | 30:23,25;31:4;33:13, |
| 84:12;85:6 | 16:23;93:10 | 30:4 | 13:23;70:13;75:11; | 23;35:14,16;37:14, |
| sunlight (1) | T | $\begin{aligned} & \text { testifying (1) } \\ & 61: 19 \end{aligned}$ | 96:19;109:15;119:21 | $17,19 ; 38: 15,23,24$ |
| $36: 21$ super (1) | I | thanking (1) | $34: 21$ | $42: 16,21,21 ; 43: 8$ |
| 77:17 | Taconic (2) | 57:11 | together (5) | 44:7;48:2,10,12; |
| Supervisor (27) | 62:11;63:14 | thanks (4) | 9:24;13:6;14:2 | 49:12,14;50:16,24; |
| $3: 2 ; 7: 20 ; 11: 25$ | take-aways (1) | 70:14;99:4;104:4; | 41:6;109:11 | $51: 2,5,22 ; 52: 20,24$ |
| $16: 18 ; 21: 5 ; 22: 6$ | $16: 4$ | $127: 3$ | told (2) | $53: 16,19 ; 55: 2,2$ |
| 29:4,9;34:11;54:25; | talk (16) | theme (1) | 17:23;47:9 | 57:12,16;58:16; |
| 57:12;61:15;66:15; | 10:10;36:11;45:11; | 25:7 | Tom (17) | 59:19;62:18;65:15; |
| 77:11;79:7;81:8; | 52:6;56:13;60:17,23; | therefore (2) | 15:25;18:25;19:18; | 66:6;68:23;71:25 |
| 88:17,20;90:15;96:9; | 67:14;68:6;69:10; | 66:19;86:9 | 49:11;56:17,17,22; | 73:6,22;74:25;75:4, |
| 108:20,20;110:17; | 88:11;104:11; | thinking (3) | 57:2,3;68:12;74:15, | 23;76:7,10,13,19; |
| 111:21;116:25; | 110:10;118:7; | 79:12;80:8;87:9 | 15,16;86:22;89:4; | 77:11,19;78:13,17; |
| 120:10;126:24 | 123:24;124:2 | third (10) | 112:22;114:5 | 82:9;85:9,15;90:15, |
| supplied (1) | talked (1) | 14:15,17;16:17; | tonight (31) | 16;91:10,15,24;92:5; |
| 84:7 | 103:8 | 23:7;32:12;35:2; | 9:5;10:15;12:25; | 94:25;95:21,25; |
| supply (1) | talking (4) | 76:4;82:20;83:21; | 15:16,19;16:7;18:24; | 96:25,25;97:2; |
| 33:24 | 36:9;84:8;85:16 | 85:13 | 31:9;49:19;75:12; | 106:12,22,23;107:4, |
| support (4) | 97:16 | Thomas (3) | 78:18;80:7;82:5; | 6,10,25;108:4,10,15, |
| 33:10;59:17;65:12; | Tamarack (2) | 68:5,5;74:21 | 89:13;95:10,19;96:2, | 17,19;109:9,22; |
| 68:16 | 65:2;123:11 | Thomasset (5) | 16;97:5,7;104:15,18; | 110:9,21,22;111:6, |
| supported (1) | targeting (1) | 115:21,24;116:3; | 105:12,15,21;106:13; | 14,16;114:12,20; |
| 22:23 | 100:14 | 119:13;122:12 | 120:19;122:3; | 116:9,15;119:14; |
| supports (1) | targets (1) | Thoreau (1) | 123:15;126:8,21 | 121:25 |
| 26:11 | 99:21 | 78:2 | tonight's (1) | townclerk@townofcortlandtcom (1) |
| supposed (1) | $\boldsymbol{\operatorname { t a x }}$ (7) | thoroughfare (1) | 31:6 | 5:18 |
| 86:3 | 33:21,22;51:5; | 117:13 | took (2) | townhouses (4) |
| sure (19) | 58:18;68:22;76:11, | though (1) | 53:12;58 | 48:23,24;49:9;73:2 |
| 3:19;5:20;16:8; | 16 | 37:11 | top (11) | town's (15) |
| 20:4;34:13;35:24; | taxes (1) | thought (6) | 102:2,10,11,19,25; | 18:20,25;19:13,14; |
| 46:20;63:23;76:12; | 24:24 | 7:5;17:12;104:14, | 103:2,12,14,15,19,21 | 22:12;23:9,10,15; |
| 79:5;82:7;85:14; | Taylor (1) | 17;109:6;111:8 | topographical (1) | 30:9,17;31:9;41:13; |
| 86:18;106:11; | 62:22 | thoughts (1) | 53:14 | 42:9;44:2;91:23 |
| 110:16;111:24; | teachers (1) | 103:23 | tops (2) | Tracy (2) |


| 98:8,12 | trust (1) | undesirable (1) | 50:17 | via (7) |
| :---: | :---: | :---: | :---: | :---: |
| Trade (1) | 96:2 | 67:20 | use (9) | 2:5;3:20;7:7; |
| 62:6 | try (6) | undue (1) | 22:11;24:12;32:9; | 57:21;64:16;75:18; |
| traditional (1) | 45:16;47:25;49:24, | 59:22 | 53:19,23;72:24,25; | 78:22 |
| 27:16 | 24;56:15;60:12 | Unfortunately (3) | 73:23;76:3 | viable (1) |
| traffic (52) | trying (9) | 70:6;93:17,21 | useful (1) | 22:22 |
| 5:8;12:15;13:7; | 48:11;49:13;51:12, | UNIDENTIFIED (13) | 86:3 | vibrant (2) |
| 15:6;18:21,25;19:7,7, | 15;62:11;67:6;81:15; | 3:10;56:20;89:11, | users (1) | 24:5;27:22 |
| 9,14,16;26:10,11; | 85:22,22 | 16;90:7,13;96:5,8; | 24:7 | vice (1) |
| 33:7;34:6;41:13; | Tuckahoe (1) | 97:20;98:2;115:15, | uses (5) | 49:8 |
| 42:9,11,24;43:10,16, | 36:6 | 16;125:18 | 24:9;27:15;32:23; | vicinity (2) |
| 19,24;44:4;47:17; | Turallo (6) | unit (1) | 58:15;66:13 | 119:14;122:17 |
| 55:17;63:12;64:10; | 41:12,18;42:3,6,7; | 40:16 | using (1) | video (7) |
| 65:10;67:2,9;72:6; | 44:14 | units (13) | 66:11 | 4:10;19:13;21:2; |
| 73:14;75:13,24; | turn (4) | 24:2;27:11;31:19, | usually (2) | 22:6;31:8;48:19; |
| 82:17;91:9,22;92:9, | 20:15;35:19;54:12; | 20;32:4;36:19;40:7, | 70:6,20 | 78:22 |
| 20,21;107:20,20,25; | 60:19 | 8,9;70:21,25;72:4; | utilizing (1) | Vietnam (1) |
| 120:15;121:5,19,20, | twice (2) | 94:20 | 27:15 | 70:18 |
| 23;123:7;124:21,22 | 102:9;104:3 | universal (1) |  | view (3) |
| trail (1) | two (28) | 85:25 | V | 43:24;68:20; |
| 26:23 | 6:6;9:15;10:2,7; | unless (2) |  | 110:23 |
| train (2) | 11:4,11;12:17;16:19; | 120:15;125:4 | vacuum (1) | virus (2) |
| 16:22;119:15 | 18:20;21:9;24:19; | unmute (9) | 67:8 | 79:14;82:21 |
| Trammel (5) | 31:18;55:6;65:16; | 45:21,22;46:2,4,5; | Val (3) | vision (1) |
| 29:19;31:21;39:24; | 70:22;71:3,5;74:24; | 60:17,18;88:13,25 | 29:16;48:15;58:4 | 23:9 |
| 40:24;41:3 | 78:5;88:14;90:20; | unmuted (3) | Valley (2) | visit (1) |
| transactional (1) | 95:12;105:18;114:7; | 56:10,19;60:14 | 9:8;33:12 | 87:2 |
| 111:12 | 120:6,11;121:2; | unquestionably (1) | value (2) | vocations (1) |
| transition (1) | 122:15 | 33:16 | 83:25;101:4 | 79:15 |
| 38:13 | twofold (1) | untenable (1) | valued (1) | volumes (2) |
| transit-oriented (1) | 12:3 | 93:25 | 95:20 | 42:25;43:10 |
| 119:16 | two-thirds (1) | up (55) | variances (1) | vote (20) |
| transmission (1) | 7:23 | 4:17,20,22;5:15; | $53: 10$ | $8: 15 ; 16: 8 ; 55: 19$ |
| $76: 6$ | two-to-one (1) | 7:12;12:10;16:11; | variety (1) | $77: 8,17 ; 82: 23 ; 87: 10$ |
| transparent (4) | 28:4 | 28:16;41:25;44:19; | 32:5 | 91:12;96:18,20;97:4; |
| 15:13;66:23;67:10; | type (3) | 45:3,18;49:19;52:4; | various (4) | 110:4,4,25;122:5,5; |
| 123:3 | 15:18;24:11;48:13 | 62:12,16,18,21,23, | 9:9;14:10;16:20; | 123:16,20;125:20; |
| transportation-orientated (1) | types (3) | 24;63:8,13,15,16; | 20:3 | 126:9 |
| 9:3 | 25:20;32:5;37:14 | 67:21;70:12,20; | Vehicular (1) | votes (1) |
| travel (3) | typical (1) | 74:14;75:14;79:19; | 26:17 | 123:18 |
| 38:22;64:3;93:22 | 26:8 | 83:14;85:13;88:8; | ventilation (1) | voting (2) |
| treatment (2) |  | 89:19;98:15;101:2; | 36:24 | 79:14;96:22 |
| 93:25;94:2 | $\mathbf{U}$ | 102:10,10,15,25; | versa (1) | VS (1) |
| treatments (1) |  | 103:2,14,19,24; | 49:8 | 29:16 |
| 27:24 | Uh-hum (1) | 105:10;108:3,6; | versatile (1) | vulnerable (3) |
| trees (3) | 80:5 | 110:9;111:6;113:15, | 36:23 | 81:24;82:4,19 |
| 28:5;53:17;103:25 | ultimately (1) | 23;114:25;116:5; | $\begin{array}{\|c\|} \hline \text { version }(\mathbf{1}) \\ 112: 8 \end{array}$ | W |
| 107:8 | unable (1) | update (3) | $\begin{gathered} 112: 8 \\ \text { versus (4) } \end{gathered}$ | W |
| trends (1) | 89:19 | 6:14;7:18;21:21 | 37:22;81:11;100:6, | wait (1) |
| 94:7 | unacceptable (2) | updated (2) | 13 | 7:4 |
| tried (3) | 107:21;115:13 | 75:24;94:8 | Vesce (7) | waited (1) |
| 15:12;44:5;62:9 | unanimous (1) | updates (1) | 60:22;61:6,9,14, | 53:20 |
| tries (1) | 8:15 | 57:15 | 15;64:13,15 | waiting (2) |
| 35:23 | unapproved (1) | upheaval (1) | veterans (4) | 41:20;44:21 |
| truck (1) | 67:20 | 84:9 | 70:13,18,22,24 | walk (1) |
| 26:9 | under (5) | upon (1) | Vetromile (6) | 67:9 |
| true (1) | 10:13;14:20;52:20; | 44:5 | $28: 19 ; 29: 22 ; 32: 6$ | walkability (1) |
| 33:12 | 59:15,20 | upset (1) | 35:24;36:2,2 | $24: 17$ |

MEDICALLY ORIENTED DISTRICT (MOD)
June 16, 2020

| walkable (1) | well-amenitized (1) | 22:12;38:15;42:20; | wrong (5) | 63:5 |
| :---: | :---: | :---: | :---: | :---: |
| 33:5 | 37:25 | 53:7;58:16;82:16; | 51:19,20;56:21; | 100 (5) |
| walk-in (1) | well-being (2) | 92:4;95:4 | 110:24;112:23 | 16:12;33:20;102:3, |
| 36:20 | 67:4;78:15 | without (12) |  | 20;103:12 |
| walking (2) | well-established (1) | 42:23;66:9,17; | Y | 100,000 (2) |
| 26:23;37:10 | 93:10 | 67:4,9,13,17;86:4,11; |  | 27:6;71:15 |
| walls (1) | well-lighted (2) | 92:18,18;123:17 | yay (1) | 100-room (1) |
| 36:21 | 39:10,11 | WITNESS (1) | 123:17 | 32:13 |
| Walsh (8) | wellness (1) | 28:24 | year (6) | 11,000 (1) |
| 49:11;56:17,22; | 25:7 | witnessed (1) | 17:4;39:4;43:2; | 50:5 |
| 57:3,8,10;60:7,11 | weren't (1) | 94:6 | 53:12,24;105:18 | 114 (1) |
| wants (5) | 12:11 | women (1) | years (18) | 31:19 |
| 5:22;49:7;73:20; | west (1) | 39:8 | 16:19;17:21;34:17; | 12 (1) |
| 89:25;125:4 | 63:18 | wonderful (6) | 40:19;49:6;55:5,16; | 35:6 |
| war (1) | Westchester (6) | 33:8;40:17,21; | 61:23;62:4,8;63:2; | 13.8 (1) |
| 38:4 | 10:24;36:4;37:24; | 83:24;118:3;127:5 | 68:16;73:18;90:19; | 47:21 |
| watching (1) | 71:17,20;109:2 | wondering (2) | 91:6;95:18,20; | 135 (1) |
| 61:20 | Westminster (1) | 7:7;75:25 | 124:18 | 79:9 |
| water (12) | 74:10 | Wood (17) | yoga (1) | 143 (1) |
| 13:7;76:21;84:4,7, | wetlands (7) | 7:17,19;18:18; | 36:13 | 89:22 |
| 13,16,17;85:2,2,5,8, | 76:21;84:8,18,24; | 19:4,24;20:13;86:21, | York (17) | 1460 (1) |
| 17 | 85:4,18;87:16 | 22;87:11,23;88:2,16; | 10:13,23;21:8; | 61:16 |
| waves (1) | what's (4) | 89:8;96:17;98:19; | 42:16,19,20,23; | 14th (2) |
| 82:20 | 8:25;41:14;119:17; | 99:4;112:24 | 43:20;46:22;48:6,11; | 6:19;66:14 |
| way (19) | 121:3 | Woodbury (1) | 61:17;62:2;68:13; | 15,000 (2) |
| 17:5;50:8;62:14; | whenever (1) | 21:8 | 104:14;108:23; | 32:20,21 |
| 69:2;72:4;73:5; | 116:6 | woods (2) | 117:16 | 15-to-18-month (1) |
| 81:23;84:19;93:6; | White (1) | 78:6,10 | York-Presbyterian (8) | 25:22 |
| 96:22;97:3;102:24; | 71:20 | word (1) | 23:4;24:3;33:11; | 16 (2) |
| 105:20;106:17; | whole (11) | 122:22 | 66:16,24;67:11;93:9; | 26:3;91:3 |
| 112:6;116:18;120:3, | 10:24;11:17;12:16; | work (14) | 94:11 | 160 (1) |
| $11,25$ | 15:9;59:5;72:21; | 5:18;31:23;33:14; | Yorktown (5) | 70:21 |
| ways (2) | 78:9;106:3;118:2,17; | 35:23;55:3;57:13; | 37:23;43:8;64:3; | 166 (1) |
| 15:9;37:21 | 121:7 | 60:2;63:24;67:18; | 92:3;102:16 | 32:3 |
| wearing (1) | Who's (4) | 70:23;76:8;90:18; | young (3) | 16th (3) |
| 79:16 | 28:13;45:3;49:12; | 91:7;121:4 | 37:18;51:10;93:2 | 2:4;7:2;22:19 |
| Weaver (6) | 83:10 | worked (3) |  | 177 (1) |
| 99:14,14,15,16,17; | whose (1) | 9:14;52:6;60:21 | $\mathbf{Z}$ | 21:7 |
| 101:13 | 38:20 | working (8) |  | 179-1A (1) |
| website (6) | wide (1) | 20:3;35:16;46:6; | Zarin (1) | 76:18 |
| 4:15;7:13;19:13; | 108:15 | 56:19;61:3;64:2; | 29:11 | 18 (3) |
| 31:9;44:2;122:20 | widening (1) | 68:15;81:20 | zone (3) | 34:24;68:12;98:12 |
| weeks (1) | 117:14 | works (2) | 52:19;54:5,7 | 18-month (1) |
| 114:9 | wife (2) | 49:2;50:23 | zoning (22) | 35:3 |
| weight (1) | 55:5;90:20 | World (2) | 8:18;11:7,15;12:4; | 1970s (1) |
| 84:23 | wildlife (1) | 62:6;82:12 | 13:19;15:4;30:10; | 75:19 |
| Weinberger (6) | 78:6 | worse (2) | 53:4,11,13;57:18; | 1995 (1) |
| 60:16;61:2;64:16, | willing (1) | 65:16;107:25 | 58:14;59:12,15,17, | 61:25 |
| 19,24,25 | 41:3 | worsen (2) | 20,25;66:20;67:6,12; | 19th (1) |
| Weinbergers (1) | window (1) | 92:6,21 | 82:18;118:19 | 6:20 |
| $60: 15$ | 36:21 | worth (1) | $\begin{aligned} & \text { Zoom (8) } \\ & 2: 5: 3: 20: 4: 2: 7: 7.9 \text { : } \end{aligned}$ | 2 |
| $126: 22$ | wine (1) $62: 4$ | worthwhile | $29: 14 ; 80: 7 ; 88: 17$ | 2 |
| welcomed (1) | winning (1) | $70: 2$ |  | 2 (4) |
| 64:3 | 106:25 | writing (5) | 1 | 52:14;59:21;76:19, |
| welcoming (1) | wish (4) | 89:9;96:24;97:2; |  | $19$ |
| $15: 13$ | 4:23;65:12;73:22; | 115:3;120:21 | 1 (3) | 2/47 (1) |
| welfare (1) | 123:11 | written (4) | 34:19;76:19,19 | 81:21 |
| 76:23 | within (8) | 5:13,16;12:19;77:5 | 1.2 (1) | 20 (2) |



