

CONSENT AGENDA



County Board Meeting Speaker Slip

1. Date:	2. Agenda Item Number(s):
3. Reason(s) for Removal of Item(s) (Required for Regular Saturday Board Meeting Only):	

4. Speaker Information

Name: Mrs. Ms. Mr. _____
(please print clearly)

Organization: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

All Consent Agenda speakers will be heard for 3 minutes. Please see the Speaking Procedures brochure for more information on the Consent Agenda process.

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