

# PUBLIC COMMENT



## County Board Meeting Speaker Slip

1. Date:	2. On what topic will you speak?
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**3. Speaker Information**

Name:  Mrs.  Ms.  Mr. \_\_\_\_\_  
(please print clearly)

Organization\*: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone\*: \_\_\_\_\_ Evening Phone\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

\*optional information

**Public Comment speakers will be heard for 2 minutes. The purpose is to alert the Board to items not on that day's agenda, items already decided, or scheduled for future hearings. Only one speaker per topic will be heard. Please see the Speaking Procedures brochure for more information.**

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