

REGULAR HEARING



County Board Meeting Speaker Slip

1. Date: _____	2. Agenda Item Number(s): _____
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3. Speaker Information

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

Organization: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

4. How long will you speak?

Two Minutes (Heard First) Three Minutes (Heard Second)

Five Minutes (Civic Organizations Only. Heard Last. Limited to one speaker per organization.)

Name of Organization (Required): _____

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