

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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