



# PUBLIC COMMENT FORM

**If you wish to offer Public Comment, or if you would like your name read into the record with a stated position, please complete this form fully and legibly and give it to the Secretary prior to the meeting.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Organization (*optional*): \_\_\_\_\_

## OPTIONAL

Provide testimony/public comment: **Subject:** \_\_\_\_\_

Record of attendance only: **Subject:** \_\_\_\_\_

*If you would like to someone to follow-up with you, please provide your contact information.*

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_