



Board of Health Public Participation Form

Instructions: Fill out all appropriate blanks. Please print or write legibly. Present this form to the Board President prior to the start of the Board of Health meeting. If you are handing out any material or documents, please make sure you have one extra for the Board Secretary to ensure that one is put into the minutes.

Name: _____

Address: _____

Phone: _____

Do you represent any particular group or organization? (circle) Yes No

If you represent a group or organization, please state the name, address and telephone number of such group or organization.

Which agenda Item (or Items) do you wish to address? _____

Signature

NOTE: This Public Participation Form must be presented to the Board President prior to the start of the Board of Health meeting.

Once you are called upon, please state your name and who/what you represent clearly for the Board Secretary to accurately record who you are.