

Board of Health Meetings Public Participation Form

Today's Date: _____/_____/_____

Date of Meeting Being Attended: _____/_____/_____

Name: _____

Address: _____

Daytime Phone Number: _____

Personal Address or Group Affiliation: _____

(Please Circle)

(Name of Group Affiliation)

Topic to Be Addressed: _____

Appointment Date: _____/_____/_____

Time: _____ am/pm

Date Notified: _____/_____/_____ By: _____

Reschedule Date: _____/_____/_____

Time: _____ am/pm

Date Notified: _____/_____/_____ By: _____