

# 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: \_\_\_\_\_