REQUEST TO SPEAK

General Public Comment One COUNTY One FUTURE Date: 11-18-25
ame: Kolly (Print Name Clearly)
honetic Spelling:
In an effort to pronounce names correctly please provide phonetic spelling)
ontact Information (optional):(Phone Number Including Area Code)
DREAM PLAN DO 1234 @ GMAILI (OM (Email Address)
epresenting (optional):(Organization, etc.)
l individual speakers and organized presentations to the Board of Supervisors are subject to time limits imposed at the discretion of the Chair.
ersons desiring to address the Board of Supervisors must complete and deliver to the Clerk a speaker slip PRIOR to the commencement of the item.
When speaking, be brief, stay on subject, present only new information. When estifying before the Board of Supervisors, personal attacks and other disruptive

PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

(The Clerk will call you to the microphone at the appropriate time)