

SIMPSON COUNTY BOARD OF SUPERVISORS

PUBLIC COMMENT REQUEST FORM

(Required for all individuals requesting to address the Board)

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Meeting Requested:

☐ Next Regularly Scheduled Board Meeting

☐ Specific Meeting Date (if applicable): _____

Topic to Be Addressed:

Written Summary of Questions, Concerns, or Requests

(Attach additional pages if necessary)

Acknowledgment

I acknowledge that:

- This request must be submitted **at least seven (7) calendar days** prior to the meeting to be considered for placement on the agenda;
- Late submissions will be deferred to the next scheduled meeting unless approved by the Board;
- Approval to speak does not guarantee action by the Board;
- All remarks must comply with Board rules of conduct and decorum.

Signature: _____

Date Submitted: _____