



Committee/Commission: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

## PUBLIC COMMENT/TESTIMONY SIGN-UP

Thank you for attending this public meeting – we value and appreciate your input. Please fill out this form so that we may better serve you and record your participation.

### INSTRUCTIONS:

1. Complete all of the information on this form and present it to the recorder prior to the start of the call of agenda item.
2. If you wish to testify on multiple agenda items, please fill out a separate form for each item.
3. Tips and guidelines for submitting oral/written comments are provided on the "How To Testify" brochure.
4. Please state your name prior to speaking (you do not need to state your address).

### PUBLIC COMMENT:

If you wish to comment on an item that is **NOT** specifically on the meeting agenda: Please check the box

and indicate the subject you wish to speak about:

Subject: \_\_\_\_\_

### PUBLIC TESTIMONY:

If you wish to testify/comment on an item that is specifically listed on the meeting agenda: Please identify the subject you wish to speak about by completing the following:

Ordinance No. \_\_\_\_\_       Order No. \_\_\_\_\_       Work Session: \_\_\_\_\_  
 Resolution No. \_\_\_\_\_       Agenda Item No. \_\_\_\_\_

Subject: \_\_\_\_\_

If this is a **PUBLIC HEARING**, please check one of the following:

PROPONENT (For)                       OPPONENT (Against)  
 WRITTEN COMMENT                       UNDECIDED

(Attach written comments on separate sheet of paper)

**Note:** There are time limits for oral comments and testimony.

**By filling out this form, you may be entitled to written notification of any decision.**

Please PRINT legibly:

Name \_\_\_\_\_ (required)                      Phone Number \_\_\_\_\_ (optional)

Representing (if speaking on behalf of a third party) \_\_\_\_\_ (optional)

Mailing Address (including Zip Code) \_\_\_\_\_ (optional)

Email Address \_\_\_\_\_ (optional)

Please do not release my contact information in a public records request