

Board of Education Special Meeting Public Comment Form

First and Last Name: _____

Home Address: _____

Phone Number (for follow-up purposes): _____

Email (for follow-up purposes): _____

Please answer whether you represent yourself or an organization (if an organization, please state which organization).

I wish to comment about:

___ Agenda Item

___ Non-Agenda Item

If you selected "Agenda Item" in the previous question, please list the Agenda Item for which you wish to provide a comment.

Please provide your comment below. All comments read will be kept to a five-minute-per-comment limit, per PRESS Policy 2:230.
