

TIME \_\_\_\_\_

DAY \_\_\_\_\_

**REQUEST TO SPEAK**  
FISCAL YEAR 2015 - 16 BUDGET HEARINGS  
Meeting Dates: June 1 & 2, 2015

(Please Print Clearly)

ORGANIZATION (as it appears on the schedule): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_

BUDGET AREA: COMMUNITY ENHANCEMENT

Complete this form. Be sure to include the time and day you are scheduled to speak. You will bring this form with you to the hearings and place it in the box at the front of the room, which will be labeled with the time that you are scheduled to speak.

The Clerk of the Board will call you to the microphone at the appropriate time. When called to speak, please line up alphabetically along the east wall. (This will be the right side of the room, as you face the front.) A staff member will be available to assist you. Speaking schedules will also be posted along the wall.

EACH ORGANIZATION WILL HAVE 2 MINUTES TO SPEAK.

Keep any materials to be distributed in your possession until you are called to speak. A County staff person will distribute the materials as you begin your presentation. When you are finished speaking please exit to the left of the podium.