Public Comment Form

Date received	
Library Manager	
Print name	
Signature	
Description:	
□ Yes □ No	
Is this regarding an agenda item?	
☐ Myself☐ Organization	(Specify)
Whom do you represent?	
Zip Code:	
State:	
Town:	
Address:	
Telephone Number:	
Name:	
Date:	
Purpose: For individual(s) or an individual representing a group wishing to add board.	iress the