HABERSHAM COUNTY BOARD OF COMMISSIONERS

Appearance Form For Completion By Persons Desiring To Speak to Board of Commissioners

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

Organization, if any, on whose behalf you wish to appear:

_____

(organization name) (address)

Telephones where you may be reached:

_____ home, hours _____

_____business, hours _____

Subject matter which you wish to discuss and a statement as to what you desire to have done.

_____

_____

_____

_____

_____

Do you plan or expect to make a complaint or report of wrongdoing, improper action, or neglect on the part of any county official or employee of the county ____ Yes ____ No (check one)

If the answer is yes, what is the name and title of that person?

_____ _____

(name) (title)

State succinctly the facts giving rise to your complaint or report, stating dates, places, what was done or not done that you wish to complain of or report, and why you consider it to be improper.

_____

_____

_____

_____

Signature: _____ Date: _____