

FANNIN COUNTY WATER SUPPLY AGENCY
Public Participation Form

DATE : _____

NAME: _____

ADDRESS: _____

PHONE/CELL: _____

DAYTIME PHONE: _____

Do you represent any particular group or organization? Yes or No: _____

If Yes, please state the name, address and telephone number of group or organization.

Which agenda item do you wish to address?

In general, are you for or against the above agenda item? _____

Print Name

Signature

NOTE: If you wish to address the Agency, this Public Participation Form **must be** presented to the Agency Director or Secretary of the Agency **prior to** the beginning of this Meeting.

Thank you,

Director, FCWSA