



# Citizens Wishing to Be Heard

## Sign-in Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Please Print)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you a resident of Lowndes County?    Yes    No

If no, are you a Lowndes County Property Taxpayer?    Yes    No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What is the subject on which you wish to speak? **Please Be Specific.**

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Action Requested of the Board: \_\_\_\_\_

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**\*\*\*Each speaker's time to speak is limited to five minutes.**