



**Request to Speak  
at Monthly Board Meeting**

**Name:** \_\_\_\_\_

**Business:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Board Meeting you are Requesting to Speak at:** \_\_\_\_\_

**Reason To Speak:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing you agree that you have 5 minutes to speak and that space is limited to two (2) speakers on a first-come, first-serve basis.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

This form must be turned into The District office by 5:00pm on the Friday prior to the meeting (Thursday if Friday is a Holiday)