



PUBLIC COMMENT REQUEST FORM

Commission/Committee Meeting Date: _____

Agenda Item On Which To Comment:

In-Favor: _____ Against: _____

Each speaker will have 3 minutes to speak, alternating for or against, with an unlimited number of speakers.

Name of Requestor: _____

Bedford County Address: _____

Commission District: _____

Email/Phone Contact: _____

Persons with a disability who wish to request a special accommodation to participate in the public meeting should notify Suzanne Alexander (1) business day prior to the meeting if at all possible, by calling (931) 684-7944 or email your request to suzanne.alexander@bedfordcountyttn.gov to discuss accommodations. Every reasonable effort will be made to meet your need.