



Franklin County Public Health  
 280 East Broad Street  
 Columbus, Ohio 43215-4562  
 (614) 525-3160  
 www.myfcph.org

## Public Participation Request Form

Board of Health Meeting

Please complete this form and return it to the Health Commissioner prior to the start of the meeting. This form does not guarantee the opportunity to speak. The Board is entitled to decide whether to entertain public comment at each Board meeting.

**Note: Speakers are limited to three (3) minutes.**

<b>Meeting Date:</b>
<input type="checkbox"/> <b>I request to address the Board regarding a matter listed on the agenda</b> Agenda Item Number _____
<input type="checkbox"/> <b>I request to address the Board about a matter NOT listed on the agenda</b> Please provide a brief overview of the subject you would like to address

### Personal Information

Except for your name, your personal information requested below is voluntary and is used by staff to contact you if necessary. When you request to speak before the Board, your name is included in the official minutes and becomes public record.

Name		
Address		
City	State	Zip Code
Organization/Business Name (if applicable)		
Phone Number	Email	

**The Franklin County Board of Health welcomes your comments. However, the Board respectfully requests that you present your comments within the established time limits, and keep your comments limited to the issue(s) identified by you above.**