COUNTY COMMISSIONERS' COURT

Public Participation Form

Instructions: Fill out all appropriate blanks. Please print or write legibly.
NAME: JOB HERORD
HOME ADDRESS:
HOME TELEPHONE:
PLACE OF EMPLOYMENT SON B. SHERIFE
EMPLOYMENT PHONE: \$17-556-6058
Do you represent any particular group of organization?
SHERIFF'S OFFICE
If you do represent a group or organization, please state the name, address and telephone number of such group or organization.
Which agenda item (or items) do you wish to address?
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In general, are you for or against such agenda item (s)?
NOTE: This Public Participation Form must be presented to the Court Prior to the time that the agenda item(s) you wish to address are discussed
perfore the Court