

**COUNTY COMMISSIONERS COURT**

**Public Participation Form**

Instructions: Fill out all appropriate blanks. Please print or write legibly.

NAME: Billy Lotspeich  
HOME ADDRESS: 5325 C.R. 1205 Cleburne TX 76031  
TELEPHONE: 817 558 0143  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
EMPLOYMENT PHONE: \_\_\_\_\_  
Do you represent any particular group or organization? No

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? \_\_\_\_\_

Am R Ambulance

Other concerns or items to be addressed to the Commissioners Court:

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

Signature: Billy Lotspeich

**NOTE:** This Public Participation Form must be presented to the Court Assistant Prior to the time that the agenda item (or items) you wish to address are discussed before the Court.

COMMISSIONERS COURT

JUN 28 2021