

**COUNTY COMMISSIONERS' COURT**

**Public Participation Form**

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

NAME: COURTNEYA WATSON ✓

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: 817-706-5776

PLACE OF EMPLOYMENT: CERTIFIED

EMPLOYMENT PHONE: N/A

Do you represent any particular group or organization? \_\_\_\_\_

STOP PROPOSED MUSEUM

If you do represent a group or organization, please state the name, address and telephone number of such group or organization.

N/A

Which agenda item (or items) do you wish to address? VII (4)

Other concerns or items to be addressed to the Commissioners Court \_\_\_\_\_

Signature: COURTNEYA WATSON % WE BATE

NOTE: This Public Participation Form must be presented to the Court Assistant 15 minutes prior to the Court being in session.