

COUNTY COMMISSIONERS' COURT

Public Participation Form

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

NAME: Leona Yochan

HOME ADDRESS: P O Box 843

HOME TELEPHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: JCSO

EMPLOYMENT PHONE: \_\_\_\_\_

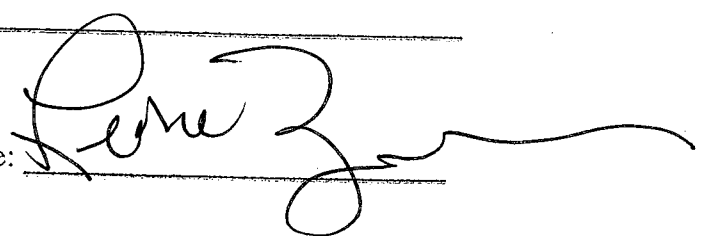
Do you represent any particular group or organization? JC Sheriff Assn

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

JC Sheriff Assn

Which agenda item (or items) do you wish to address? Sheriff Budget

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

Signature: 

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