



COMMISSION

PUBLIC COMMENT/CITIZEN APPEARANCE FORM

COMMISSION MEETING DATE: _____

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU A CPW OR SEWER CUSTOMER: ____ YES ____ NO
IF YES – RESIDENTIAL ____ BUSINESS ____

DO YOU REQUEST TO SPEAK AT A WATER OR SEWER MEETING:
____ WATER OR ____ SEWER

BRIEF SUMMARY OF PUBLIC COMMENT SUBJECT (Optional):

SIGNATURE: _____ DATE: _____

NOTE:

Each person who gives notice may speak at the designated time and will be limited to a two (2) minute presentation.