

**PUBLIC PARTICIPATION FORM**

NOTE: This Public Participation Form must be presented to the Meeting Facilitator prior to the time the agenda item (or items) you wish to address are discussed before the LCHA Board.

**Llano County Hospital Authority  
Public Participation Form**

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

NAME: \_\_\_\_\_

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

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

PLACE OF EMPLOYMENT:  
\_\_\_\_\_

EMPLOYMENT TELEPHONE:  
\_\_\_\_\_

Do you represent any particular group or organization? Yes\_\_No\_\_(check one)  
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? \_\_\_\_\_

\_\_\_\_\_

In general, are you for or against such agenda item (or items)? \_\_\_\_\_

\_\_\_\_\_

**A LIMIT OF 3 MINUTES PER AGENDA ITEM WILL BE ALLOWED.**

Signature: \_\_\_\_\_