



**STEPHENS COUNTY BOARD OF COMMISSIONERS**

**Meeting Appearance Form**

(For completion by persons desiring to speak to the Board of Commissioners at a meeting)

**PLEASE TYPE OR PRINT**

**DATE:** \_\_\_\_\_

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

**ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**Organization, if any, on whose behalf you wish to appear.**

\_\_\_\_\_  
(name) (address)

**Telephones where you may be reached:**

\_\_\_\_\_ home hours \_\_\_\_\_

\_\_\_\_\_ business hours \_\_\_\_\_

**Subject matter which you wish to discuss and a statement of what you desire to have done.**

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

Do you plan or expect to make a complaint or report of wrongdoing, improper action, or neglect on the part of any county official or employee of the county:  Yes  No

If the answer is yes, what is the name and title of that person?

\_\_\_\_\_ (name) \_\_\_\_\_ (title)

State the facts giving rise to your complaint or report, stating dates, places, what was done or not done that you wish to complain of or report and why you consider it to be improper.

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Stephens County encourages community participation in the governmental process. Consequently the County would ask that all requests be in writing and that the request be made by noon on Friday prior to the Commission meeting on Tuesday. Included with this written request should be any written information and/or documents that are supportive of the specific request. Without this information being available in advance the Commission Board will be unable to make a knowledgeable decision and will delay taking a position on your request. Public comments are limited to 3 minutes with a maximum of 15 minutes on a subject where several persons are part of the same group or organization and only one may be heard. The County Attorney shall enforce these limitations.

Depending on the magnitude of the request, the Commission Board may delay placing the item on the agenda until such a time as proper research can be completed so to support the board taking consideration of the request. The County thanks you in advance for your cooperation in this procedure.

The Commission Board meets the second Tuesday of every month at 8:30 a.m. and fourth Tuesday of every month at 5:30 p.m. Please inquire as to the date and time of the proposed meeting.

**By typing my name in the following box I certify I have read this form and understand the procedure and that the above statements are true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my request:**

**Signed** \_\_\_\_\_

*Please return this form to the following address or by email:*

*Stephens County Commissioners*

*Attn: Beth Rider*

*37 W. Tugalo Street*

*Toccoa, GA 30577*

*Email: [brider@stephenscountyga.com](mailto:brider@stephenscountyga.com)*

*For Questions: (706)886-9491 xt. 9302*

**BELOW FOR INTERNAL USE ONLY:**

(UPON ACCEPTANCE OF A COMPLETE AGENDA REQUEST, COPY TO CHAIRMAN, BOARD, STAFF AND COUNTY ATTORNEY.)

**APPEARANCE DATE**

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