## BOARD OF MANAGERS MEETING LUBBOCK COUNTY HOSPITAL DISTRICT PUBLIC PARTICIPATION FORM

Meeting Date:
NOTE: You must present this Public Participation Form at the Administrative Office at University Medical Center prior to 9:00 a.m. of the day the Board of Managers meets to discuss the selected agenda item(s).
You must provide all information on this form. If you provide false or misleading information, you may be disqualified from speaking at this meeting and future meetings.
NAME:
ADDRESS:
TELEPHONE: E-MAIL:
Do you represent a group or organization? Yes No (Circle one.) If so, please state the name, address, and telephone number of the group or organization:
Which agenda item(s) do you wish to address?
In general, are you for or against the agenda item(s)?
Signature: