



BANKS 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.

Banks 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 5 minutes with a maximum of 20 minutes on a subject where several persons are part of the same group or organization and only one may be heard. The Chairperson 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 council taking consideration of the request. The County thanks you in advance for your cooperation in this procedure.

The Commission Board meets the second and fourth Tuesday of every month at 6:30 p.m. In the event that a work session is scheduled the applicant will need to attend the work session and the Commission meeting. Please inquire as to the date and time of the proposed work session.

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:
Banks County Commissioners
150 Hudson Ridge Suite 1
Homer GA 30547*

For Questions: (706)677-6800

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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