

**FALLBROOK REGIONAL HEALTH DISTRICT
BOARD OF DIRECTORS MEETING**

REQUEST TO SPEAK FORM
(please print clearly)

Meeting Date: _____ **TOPIC:** _____

Name: _____

Address: _____

Phone: _____

Thank you for your interest in the Fallbrook Regional Health District. "Request to Speak" cards should be filled out in advance and presented to the Board Secretary/Clerk. Please note, that for comments made on items not appearing on the current agenda, the Board may take no action as to the comment at the current meeting (Gov't Code 54954.3[a].) The Board has a policy limiting any speaker to not more than five minutes.

Signature

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