

**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: _____