

**HEALTH SERVICES AND DEVELOPMENT AGENCY  
SPEAKER'S FORM**

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

PLEASE PRINT LEGIBLY

MEETING DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY / AGENCY: \_\_\_\_\_

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

CITY / STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO.: (     )     -     . SIGNATURE: \_\_\_\_\_

"FORM MUST BE SIGNED"

1. PROJECT #: CN \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

2. CHECK THE ONE THAT APPLIES:

- I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT  
 I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT

3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?

- YES            NO

PURSUANT TO T.C.A.  68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS **NOTICE** OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

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