



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

<p><u>Do not write in this box</u></p> <p>NO. LOG/TIME</p> <p>____ / ____</p>
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PUBLIC COMMENT FORM

[Name of Advisory Committee/Council/Task Force]
[Event Date]
[Event Time am/pm]

Thank you for your interest in addressing the [Committee/Council/TF]. Please complete the information below if you wish to provide public comment.

The agenda item/topic you wish to address: _____

- I have oral comments at this time.
- I have written comments only at this time.

Registrant Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

I represent myself other (please specify)

I certify that the above statements by me are true and correct.

Signature

Date

<p>GUIDELINES FOR PUBLIC COMMENT</p> <p>1. A public comment opportunity is offered at each meeting. Persons wishing to make public comment are asked to fill out and submit this form as early as possible at the meeting.</p> <p>2. You may be limited as to how long you may speak. The public comment period is not to last beyond the scheduled time period provided on the agenda. Speakers will be taken on a first-come, first-served basis until the scheduled time is completed.</p>
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