Alpha Charter of Excellence
SPEAKER REQUEST

DATE _____

If you wish to address the Board on any item listed on the agenda, please fill in all applicable blanks and hand to the Board Liaison seated at the board table. The information will be used in compiling the official minutes of the Board meeting.

PLEASE PRINT

NAME: _____

MAILING ADDRESS: _____

ZIP CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

I wish to speak regarding about: _____

_____

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