

GULF COAST COMMUNITY SERVICES ASSOCIATION, INC.

PUBLIC SPEAKER INFORMATION FORM

To be completed for appearance before the GCCSA Board of Directors for public comment requests. All public speakers are limited to a three (3) minute presentation.

Today's Date: _____ Time: _____

Meeting Date and Time Requested: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail address: _____

Group Affiliation: _____

Subject matter to be addressed during public comment:

Every effort will be made by the administration to send a written reply to your comments, concerns, and/or suggestions.

Upon completion, please submit the form to the receptionist or email to info@gccsa.org.