

Exhibit A

POLK COUNTY COMMISSIONERS COURT PUBLIC PARTICIPATION FORM

Instructions: Fill out all appropriate blanks. Please print legibly. This Form must be presented to the Polk County Clerk prior to the time the meeting is Called to Order. Persons submitting incomplete or unsigned forms will not be recognized.

DATE OF MEETING: _____

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

PLACE OF EMPLOYMENT: _____

EMPLOYMENT TELEPHONE: _____

Do you represent any particular group or organization? _____

If you do represent a group or organization, please state the name, address and telephone number of such group or organization.

Which agenda item(s) or other subject matter do you wish to address? (INDICATE BY AGENDA # AND TITLE, IF APPLICABLE)

In general, are you for or against such agenda item (or items)? _____

Signature: _____