



PRESENTATION REQUEST FOR BOARD OF COMMISSIONERS MEETINGS

ORGANIZATION/AGENCY _____

PRESENTER _____ TITLE _____

ADDRESS _____

MEETING DATE _____ TIME _____

PURPOSE _____

TYPE OF PRESENTATION _____

EQUIPMENT REQUIRED _____

APPROXIMATE LENGTH _____

PASS OUT MATERIAL* _____

*Please have pass out material available for the Commissioners at the County Administrator's office the Thursday prior to the meeting.

EXPECTED DECISION BY THE COMMISSION _____

OTHER INTERESTED INDIVIDUALS TO BE PRESENT:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

DATE OF REQUEST _____

SIGNATURE _____

COMMITTEE REFERRAL _____

Return completed form to: Otsego County Administrator
225 West Main Street, Room 203
Gaylord, MI 49735
Fax#(989)731-7529