

ORES PUBLIC HEARING SPEAKER CARD

PLEASE PRINT AND SUBMIT TO THE PRESIDING OFFICER PRIOR TO START OF THE HEARING

NAME		DATE	
MAILING ADDRESS			
CITY/TOWN		ZIP CODE	STATE
TELEPHONE NUMBER			
ORGANIZATION/COMPANY YOU REPRESENT (If any)			
TITLE WITHIN ORGANIZATION/COMPANY (If any)			
PLEASE CHECK BOX BELOW IF APPROPRIATE	YES	NO	
Do you have your statement in writing?			
Do you wish to submit a written statement only?	YES	NO	
Note: Depending upon the number of persons requesting an opportunity to speak, time limits on oral presentations may be imposed.			