The library board welcomes public participation at the meeting during the Public Comment portion of the agenda and in compliance with the Library Board Bylaws. Please print clearly and submit the form in the tray on the designated counter/table before the end of the public comment portion of the meeting.

Name: ____________________________________________________________

Address: ____________________________________________________________________

City/ZIP Code: ____________________________________________________________________

Organization Name (if applicable): ____________________________________________________________________

[     ] I am a resident of Clinton Township (excluding the portion in the Mount Clemens School District) or Macomb Township.

Question or concern: ____________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Optional:

[     ] I do not wish to speak but wish to receive a follow-up phone call or email message:

Phone: ___________________________  Email: ___________________________