



**Orange County Veterans
Advisory Council
SPEAKER REQUEST FORM**
Meeting Date: _____



- ⇒ Completed speaker request form must be deposited in the Public Comment basket prior to the Chair's calling of the Public Comments.
- ⇒ Testimony will be limited to (3) minutes per speaker.
- ⇒ When you are called to speak, please stand and clearly state your name for the record.
- ⇒ Please address your comments to the Council as a whole. Comments to individual Council members or staff are not permitted.
- ⇒ Keep your comments brief, to the point, and do not repeat prior testimony so all persons who wish to speak have an opportunity to do so.

*Disclosure of the information below is **optional** but would enable the Council or County Staff to reach you, if necessary.*

Name: _____

Organization: _____

Address: _____

City/St/Zip: _____

Phone Number: _____

Email Address: _____