



CITY OF BRUNSWICK COMMISSION
PUBLIC COMMENT PERIOD SIGN-IN-SHEET

Meeting Date: _____

SPEAKER 1

Date: _____

Name: _____

Address: _____ Phone: _____

Subject matter which you wish to discuss and a statement as to what you desire to have accomplished:

Staff person to whom you've already presented your question or concern: _____

SPEAKER 2

Date: _____

Name: _____

Address: _____ Phone: _____

Subject matter which you wish to discuss and a statement as to what you desire to have accomplished:

Staff person to whom you've already presented your question or concern: _____

SPEAKER 3

Date: _____

Name: _____

Address: _____ Phone: _____

Subject matter which you wish to discuss and a statement as to what you desire to have accomplished:

Staff person to whom you've already presented your question or concern: _____