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MARICOPA COUNTY BOARD OF SUPERVISORS
SPEAKERS REQUEST FORM

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Representing: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

When speaking, please state your **name** and **address. Be brief, stay on the subject and present only new information.** The Chairman reserves the right to insure that all testimony is pertinent and not repetitive in order that the matter be handled fairly and expeditiously. If you have any questions concerning the meeting or procedures, please see the Board Assistant. **This is a public record and your information should not be considered privileged.**

Please return this completed form to the Board Assistant