

ARLINGTON COUNTY TRESPASS TOWING ADVISORY BOARD

Public Hearing Speaker Slip

1. **Date:** July 14, 2016

2. Speaker Information

Name: Mrs. Ms. Mr. _____
(please print clearly)

Organization: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

3. How long will you speak?

Three Minutes (Heard First)

Five Minutes (Heard Last. Please complete field below. One speaker per organization.)

Name of Organization (Required): _____

July 14, 2016 PUBLIC HEARING