



PUBLIC COMMENT FORM

NORTH SPRINGS IMPROVEMENT DISTRICT BOARD OF SUPERVISORS MEETING

BOARD OF SUPERVISORS MEETING DATE: _____

DATE: _____

TIME: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

ORGANIZATION: _____

COMMENT:

ALL PUBLIC COMMENT SPEAKERS WILL BE PERMITTED 2 MINUTES
TO ADDRESS THE BOARD OF SUPERVISORS

PLEASE EMAIL FORM IN ADVANCE TO MEETING TO CLERK@NSIDFL.GOV