



**PUBLIC HEARING
SPEAKER SIGN-UP FORM
MEETING DATE: _____**

Role:

☐ Citizen ☐ Presenter (Applicant / Agent) ☐ Questions Only (Applicant / Agent)

Agenda Item:

Agenda Item: _____

Information:

Name: _____

Address: _____

City and Zip Code: _____

Phone Number: _____

Organization (if applicable): _____

Please email this form to (speaker@auroragov.org) when complete.