

PUBLIC PARTICIPATION FORM

**U.S. DEPARTMENT OF JUSTICE
FY 2019 EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT**

**PUBLIC HEARING
FORT BEND COUNTY COMMISSIONERS COURTROOM**

NAME: _____ **DATE:** _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

PLACE OF EMPLOYMENT: _____

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF ANY GROUP OR ORGANIZATION YOU REPRESENT, IF APPLICABLE.

PLEASE PROVIDE YOUR COMMENTS BELOW:

I acknowledge that if called to speak, I will only speak to the agenda item(s) noted above in accordance with Fort Bend County Rules of Procedure, Conduct and Decorum of Public Hearings, and that my comments will be limited to a maximum of three minutes.

SIGNATURE: _____

NOTE: This public participation Form must be presented prior to the time that the meeting is called to order. Any documentation that you wish to provide should accompany this form when you present it. This form becomes public record, along with any attachments, and is recorded with material regarding the FY 2019 Justice Assistance Grant.