FY 2013 FORT BEND COUNTY COMMISSIONERS COURT PUBLIC PARTICIPATION FORM

Instructions: Fill out ALL blanks - PLEASE PRINT Name: Home Address: Home Telephone: Place of Employment: Please provide the name, address and phone number of any group or organization you represent, if applicable: Which agenda item do you wish to address? Agenda Item In general, are you (Please check one) 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 for Procedure, Conduct and Decorum at County Commissioners Court Meetings, and that my comments will be limited to a maximum of three minutes. Signature:

<u>NOTE</u>: This Public Participation Form must be presented to the County Clerk prior to the time that the meeting is called to order. Any documentation you wish to provide to the Court should accompany this form when you present it to the County Clerk. This form becomes public record, along with any attachments, and is recorded with materials regarding Commissioners Court.

FY 2013 FORT BEND COUNTY COMMISSIONERS COURT PUBLIC PARTICIPATION FORM

| Instructions: Fill out <u>ALL</u> blanks – <u>PLEASE PRINT</u> |
|---|
| Name: CARUL EDWARDS Date: 3/26/13 |
| Home Address: 705 Dog Leg Ct |
| Home Telephone: 281/342-4748 |
| Place of Employment: ACOSHEALH |
| Please provide the name, address and phone number of any group or organization you epresent, if applicable: |
| |
| |
| |
| Which agenda item do you wish to address? |
| Medicaid/Expansion |
| |
| n general, are you OR AGAINST Agenda Item (Please check one) |
| acknowledge that, if called to speak, I will only speak to the agenda item(s) noted above in accordance with Fort Bend County Rules for Procedure, Conduct and Decorum at County Commissioners Court Meetings, and that my comments will be imited to a maximum of three minutes. |
| Signature: Oliver U Followards |

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