



REQUEST TO SPEAK BEFORE SUFFOLK CITY SCHOOL BOARD



Name: _____

Address: _____

Affiliation with Suffolk Public Schools:

Parent or legal guardian of child enrolled in Suffolk Public Schools

Property owner in the City of Suffolk

Business owner in the City of Suffolk

Tax paying citizen in the City of Suffolk

Employee of Suffolk Public Schools

Student enrolled in Suffolk Public Schools

Other Explain: _____

Category: Services Policy Affairs of Suffolk Public Schools

Topic: _____

Please describe and provide as much detail as possible with no fewer than twenty-five words.

Electronic Signature: _____

Date: _____