

THE SCHOOL DISTRICT OF EDGEFIELD COUNTY

CITIZEN PARTICIPATION REQUEST FORM

FORMAL REQUEST

Directions: Please complete this form and submit it to the superintendent (or his/her designee) 24 hours prior to the time the board meeting is called to order at 7:00 p.m.

Name _____

Address _____ **Telephone** _____

Please check appropriate response.

_____ **I am representing myself.**

_____ **I am representing** _____
(Name of group or organization)

Purpose of request:

Topic to be addressed:

The School District of Edgefield County