



# Broward County

REQUEST TO SPEAK AT  
CONTINUUM OF CARE BOARD MEETING AND SUB-COMMITTEES  
(PLEASE PRINT)

---

Agenda Topic

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you representing an organization?      Yes                      No

If "Yes", Organization Name: \_\_\_\_\_

Are you a Registered Lobbyist with Broward County?                      Yes                      No

Please complete this form and email to [HomelessInitiativePartnership@broward.org](mailto:HomelessInitiativePartnership@broward.org)

3 days prior to the meeting.