

PUBLIC COMMENT REQUEST SUBMITTAL
FOR HEIDELBERG TOWNSHIP, YORK COUNTY
BOARD OF SUPERVISORS' MEETINGS

(3 MINUTE TIME LIMIT) Please return completed form to Secretary or Chair

NAME: _____

DATE: _____

MUNICIPALITY: _____

EMAIL ADDRESS (optional): _____

PHONE (optional): _____

ORGANIZATION REPRESENTED (if any) _____

**PUBLIC COMMENT PERIOD – I wish to address the following
agenda/general comment item(s):** _____
