DELEGATION REQUEST		BROWARD COUNTY COMMISSION	
concerning any matter within the scope Request, fill out this form and return t Andrews Avenue, Fort Lauderdale, F 7360. The requestor will be notified or	of the Commission's jurisdi o by mail to County Adm Florida 33301, by email to f the scheduled appearand notification. Back-up mat	of a regular meeting of the Commission ction through a Delegation Request. To mal inistration, Room 409, Governmental CoelegationRequest@broward.org, or by face date and time. Please indicate in you erials, if any, must be included with the originaterial before the discussion.	ke a Delegation Center, 115 S. x to (954) 357- r Request the
A Delegation Request appearance be two other interested person(s) may s		y Commissioners is limited to THREE mach.	inutes. Up to
Hard copies of the agenda will be availa in advance at <a href="https://www.broward.org">https://www.broward.org</a>		the day of the meeting, and electronic copie ges/NextMeetingInfo.aspx.	es are available
NAME OF DELEGATION OR GROUP:		DATE OF REQUE	ST:
NAME OF PRIMARY SPEAKER:	ADDRESS:	PHONE NUMBER:	
		EMAIL ADDRESS:	
IF ANY, NAME(S) OF OTHER INTER	LESTED PERSON(S) WIS	HING TO SPEAK (LIMIT 2):	
Please indicate (X) how you wish to be	contacted: Mailing Addres	s	
Can action by the County Commission	directly and materially affe	ct the subject you wish to discuss? YES [	] NO []
SPECIFIC SUBJECT YOU WISH TO	DISCUSS:		
Use this space for any explanatory	comments you feel nece	ssary.	
HAVE YOU EVED CONTACTED AN	YONE IN COUNTY GOVE	RNMENT IN REGARD TO THIS SUBJEC	T2
YES NO	TONE IN COUNTY GOVE	NAMIENT IN REGARD TO THIS SUBSEC	11
IF SO, WHO?			
WHEN?			
WHAT WAS THE OUTCOME?			
MATERIALS FOR COMMISSION'S F	REVIEW?		
YES NO NO			

Rev. 08/22 CB202280770

DATE DELEGATION SCHEDULED:

**DELEGATION NOTIFIED?** 

INITIALS:

TO BE COMPLETED BY COUNTY ADMIN. OFFICE ONLY