

Instructions: Please complete the shaded areas of this document. After completion, please e-mail this form back to the Office of the Secretary to the Board at the following address: cookcounty.board@cookcountyil.gov (or fax to (312) 603-4683).

ORAL TESTIMONY REGISTRATION FORM

**RECORD OF COMMITTEE MEETING WITNESS
COOK COUNTY BOARD OF COMMISSIONERS**

Committee Meeting:	
Date of Meeting:	
Location of Meeting:	
Subject Matter:	

Section I: Identification:

Name:	
Phone Number:	
Address:	
City, State, Zip Code:	
Title:	
Firm/Business/Agency:	
E-Mail Address:	

Section II: Representation (this section to be completed if the witness is appearing on behalf of any group, organization or other entity):

Persons, groups, firms represented in this appearance:

The public can also register at the location below, prior to or at the time of the meeting. Each organization will be limited to one speaker. Each speaker will be limited to 3 minutes.

Office of the Secretary to the Board, County Building, 118 North Clark Street, Room 567, Chicago, Illinois 60602 Telephone: (312) 603-6127