



CITY OF  
**BROKEN ARROW**  
*Where opportunity lives*

**Request to Appear Before a City of Broken Arrow Board  
 or Commission**

(Please submit one form for each agenda item)

Date of Meeting: \_\_\_\_\_

- Meeting:  Board of Adjustments  
 Convention and Visitors Bureau  
 Broken Arrow Municipal Authority  
 Planning Commission  
 Broken Arrow Economic  
 Development Authority  
 Broken Arrow Industrial Trust

Name: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Agenda Item Number/Letter** \_\_\_\_\_ (i.e.; 9B, 11C, etc.)

\_\_\_\_\_ I wish to speak **IN FAVOR** of this item.

\_\_\_\_\_ I wish to speak **IN OPPOSITION** to this item.

\_\_\_\_\_ I do not wish to speak; however, please record my \_\_\_\_\_ **SUPPORT** \_\_\_\_\_ **OPPOSITION**

**Return this form to the City Clerk or Secretary prior to the beginning of the meeting.**