



**JENKINS COUNTY**  
MEDICAL CENTER

Jenkins County Medical Center Request for Public Comment Form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Board Meeting Date and Time for Which Comment is Sought: \_\_\_\_\_

Meeting Agenda Item Subject to Comment: \_\_\_\_\_

Other Topic if Not on Meeting Agenda: \_\_\_\_\_

Do you have written materials to hand out? Please circle one: YES NO

If written materials are requested to be distributed in conjunction with the Request for Public Comment, no less than five (5) copies must accompany the form. Any written materials submitted may be retained as part of the public record of meeting.

Please return completed form and any related handout materials to the Administrative Office located at 931 E. Winthrop Avenue Millen, GA 30442, during normal operating hours on Monday through Friday, or to the recording secretary or administrative staff member present in the Board Room on the day of the meeting at least thirty (30) minutes prior to the meeting's Call to Order.

Will you need accommodations for a disability? \_\_\_\_\_

By signing below, I acknowledge that I have received and read the Public Comment Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date and Time Received by Jenkins County Medical Center: \_\_\_\_\_

Receiving Party (Signature): \_\_\_\_\_