

**MARIN COUNTY ELECTIONS DEPARTMENT  
PUBLIC COMMENT SPEAKER REQUEST FORM  
FOR  
MEETINGS OF THE ELECTION ADVISORY COMMITTEE**

**SPEAKER REQUEST FORM  
ELECTION ADVISORY COMMITTEE**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_

Agenda Topic \_\_\_\_\_