

SHAWNEE MISSION SCHOOL DISTRICT PUBLIC COMMENT INFORMATION CARD

Name: _____
Address: _____
City/State//Zip: _____
Phone: _____
Email: _____
Meeting Date: _____
Topic: _____

This card must be completed and given to the Clerk of the Board prior to 5:50 p.m. on the evening of the Board meeting.

Signature _____

By signing this card, I acknowledge that I have received a copy of the Guidelines for Public Comment and will abide by them.

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