

**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 noon on the day 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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