

TOWN OF OREGON - PUBLIC COMMENTS REGISTRATION FORM

Name: _____

Address: _____

Phone: _____ Email: _____

Topic/Agenda Item: _____

Please check one: ☐ Town of Oregon Resident ☐ Other: _____

Regarding this topic, I am: **I WISH TO:**

- | | |
|--|--|
| ☐ In Support | ☐ Speak during Public Comment |
| ☐ In Opposition | ☐ Submit Written Comments Only (Do Not Speak) |
| ☐ Neutral / Providing Information | |

Comments may be written on the back of this form or an attached page.

Would you like a response? ☐ Yes ☐ No If yes, from whom? _____

Preferred method of response: ☐ Email ☐ Phone ☐ Mail

Public Comment Guidelines

1. Speakers may be limited to **3 minutes** at the discretion of the Town Chair or presiding official.
2. Completing this form helps the Town maintain an accurate record of public comments.
3. If you request a response, Town staff or the appropriate official will respond when feasible.
4. Written comments submitted with this form will be included in the meeting record, as applicable.

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Additional Comments

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