

**REQUEST TO BE HEARD**  
**BEFORE THE BOARD OF COMMISSIONERS OF THE**  
**OKLAHOMA CITY HOUSING AUTHORITY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REASON FOR APPEARING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

Please return this completed form to [Shearn@ochanet.org](mailto:Shearn@ochanet.org) at least 24 hours before the Board Meeting.

You will be recognized by the Chairperson.

Comments are limited to items on the agenda.

Speaking time will be limited to five (5) minutes.