



5415 Main Dr. • PO Box 452 • New Hope, AL 35760

AGENDA REQUEST

I request that my name be placed on the agenda for the board meeting of NHTC:

DATE OF MEETING: _____

TIME OF MEETING: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

NHTC CUSTOMER: YES NO

PLEASE DESCRIBE THE DETAILS OF THE SUBJECT MATTER TO BE DISCUSSED:

Please submit your request at least one week prior to the scheduled meeting.

Signature

For office use only:
Date of meeting request: _____
Date of scheduled meeting: _____