

For office use only:

Date of meeting request:

Date of scheduled meeting:

PO Box 452 • 5415 Main Drive New Hope, AL 35760 (256)723-4211 www.nhtc.coop

AGEN	DEO	LICT
$\Lambda I - I - I$		
AULI	L	ULJI

I request that my name he placed on th	ne agenda for the board meeting of NHTC:
TIME OF MEETING:	
NAME:	
Street address:	
CITY:	STATE: ZIP:
TELEPHONE NUMBER:	
NHTC CUSTOMER:	□ 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	