

ANZA ELECTRIC COOPERATIVE, INC.

MEMBER REQUEST TO ATTEND BOARD MEETING

NAME: _____

ADDRESS: _____

PHONE #: _____ MEMBER #: _____

WHAT MONTH ARE YOU PLANNING TO ATTEND? _____

Meetings are held the 4th Thursday of the month at 8:00 am at the Anza Electric Cooperative office. This may be subject to change. Please verify date / time prior to attending.

Members will be allowed one 2-minute comment on any agenda item. Time permitting, members may be allowed a 2-minute comment on any subject related to the cooperative.

The specific purpose for requesting attendance is: _____

OTHERS YOU ARE REQUESTING TO ATTEND WITH YOU:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

COOP MEMBER? ___YES ___NO COOP MEMBER? ___YES ___NO

IF NO - STATE RELATIONSHIP: IF NO - STATE RELATIONSHIP:

SIGNED: _____ DATE: _____

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FOR COOPERATIVE USE ONLY
ACTION ON REQUEST

DATE OF ACTION: _____

SIGNED: _____ TITLE: _____