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| DARM-BLWR-019.docx (rev. 01/24) | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Land and Water Conservation Board  P.O. Box 8911, Madison, WI 53708-8911  Phone (608) 224-4633 [Stacy.Tierman@wisconsin.gov](mailto:Stacy.Tierman@wisconsin.gov) | | | | | | |
| PUBLIC APPEARANCE REQUEST CARD | | | | §. 19.83(2), Wis. Stats. | | | |
| *Use of this form is required to make a public comment to the Land and Water Conservation Board where public appearances are authorized on the board agenda. Personally identifiable information you provide may be used for purposes other than that for which it was collected* §*15.04 (1)(m), Wis. Stat.* | | | | | | | |
| DATE OF INSPECTION: | | | | | MEETING LOCATION: | | |
| NAME: | | | E-MAIL: | | | | |
| REPRESENTING (if other than yourself): | | | | | | | |
| MAILING ADDRESS | | CITY | | | | STATE | ZIP |
| AGENDA ITEM THAT MY COMMENTS PERTAIN TO (if applicable): | | | | | | | |
|  | | | | | | | |
| COMMENTS | | | | | | | |
|  | | | | | | | |
| I will be present to speak at the meeting. | | | I will not be present to speak at the meeting | | | | |
| This form must be completed and returned to  <mailto:Stacy.Tierman@wisconsin.gov> prior to the start of the scheduled LWCB meeting. | | | | | | | |