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|  | Town of Tisbury**Wastewater Department**P.O. Box 788, 115 High Point RoadVineyard Haven, Ma. 02568Phone: (508) 696-4220 Fax: (508) 696-4221 |  |

**SEWER ADVISORY BOARD**

**MEETING AGENDA REQUEST FORM**

(Please print or type clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |   | **DATE:** |   |

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| **MAILING ADDRESS:** |   |

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| **HOME PHONE:** |   | **WORK PHONE:** |   |

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| **DESIRED MEETING DATE:** |   | **\*\*** |

 \*\* Please check with the office to see time and date you are on the agenda.

**Agenda deadline is Monday, 3:00 P.M. before the meeting**

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| **TOPIC:** |  |

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| **DESCRIPTION** |
| (Enclose any documentation the Advisory Board Members may need) |
|  |
| DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY |

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| **DISTRIBUTED TO:** | **DATE RECEIVED:** |  |
|  | Board Chair |  |  |
|  | Environmental Partners Group |  |  |
|  |  |  |  |
| **ACTION TAKEN:** |  |  |
|  |