

HABERSHAM COUNTY BOARD OF COMMISSIONERS

Appearance Form For Completion By Persons Desiring To Speak to Board of Commissioners

NAME: Dale Green

ADDRESS: 504 Ash Ct, Clarkesville, GA 30523

MAILING ADDRESS:

Organization, if any, on whose behalf you wish to appear:

(organization name) (address)

Telephones where you may be reached:

706-499-1386 home, hours

business, hours

Subject matter which you wish to discuss and a statement as to what you desire to have done.

County Government and Department Heads

Do you plan or expect to make a complaint or report of wrongdoing, improper action, or neglect on the part of any county official or employee of the county ____ Yes X No (check one)

If the answer is yes, what is the name and title of that person?

N/A
 (name) (title)

State succinctly the facts giving rise to your complaint or report, stating dates, places, what was done or not done that you wish to complain of or report, and why you consider it to be improper.

Signature: Per phone call received on 7/6/2026 at 10:00 a.m. Date: