

PRESENTATION REQUEST FORM



Name of Person requesting presentation time: _____

Contact phone number: _____ Contact email: _____

Organization: _____

Name of Presenter: _____

Purpose of requesting presentation: _____

Brief Summary of Presentation:

Preferred date for presentation: _____ (*Regular Commission meetings are on the second and fourth Tuesday's of each month*)

Will you have a PowerPoint or other audio/visual aids accompanying the presentation: Yes No
If yes, please either email your presentation to lparish@paducahky.gov or provide the presentation on a thumb drive 24 hours prior to the presentation.

Time Allocation Needed:

Please help the Board of Commissioners to keep meetings efficient by limiting presentations to a 10 minute maximum, if possible.

0-5 minutes

5-10 minutes

Other: _____

Justification for time allotment greater than 10 minutes: