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: _______________

*   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *

FOR COOPERATIVE USE ONLY

ACTION ON REQUEST

_____________________________________________________________________

_____________________________________________________________________

DATE OF ACTION: ________________

SIGNED: __________________________   TITLE: ___________________________