



West Rockhill Township

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www.westrockhilltownship.org

BOARD OF SUPERVISORS CONFIRMED APPOINTMENT REQUEST FORM

A Confirmed Appointment request must be received by Township staff no later than 14 calendar days prior to the meeting date to be put on the Agenda. Please note that listing the specific subject(s) to be discussed and the questions you wish the Board of Supervisors to address are mandatory with submission of this form.

Today's Date: _____

Your Name: _____ Email: _____

Name of Firm, individual, client, group, development, etc., you are representing:

Telephone #: _____ Email: _____

Date of Requested Appointment:

Board of Supervisors Board Meeting _____
Third Wednesday of every month (unless cancelled)

Specific Subject(s) to be discussed:

Specific questions for the Board of Supervisors:

Accompanying Materials? Yes No

If you are presenting a visual aid, please submit four (4) paper copies of your visual aid with this request form and be prepared with an electronic copy for the meeting.

SIGNATURE: _____

Township Manager Signature