



**TOWN OF OAK BLUFFS
WASTEWATER DEPARTMENT**

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COMMISSIONER'S MEETING AGENDA REQUEST FORM

(Please print or type clearly)

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

TOPIC: _____

Detailed Description of Topic/Subject (Attach any documentation the Board of Wastewater Commissioners may need)

**Please check with the office to see what date you are on the agenda.*

***Agenda is posted online 48hrs.prior to the meeting.*

****Agenda deadline is Thursday, 3:00 P.M. prior to the meeting.*

DO NOT WRITE BELOW THIS LINE – TOWN USE ONLY

DISTRIBUTED TO:

RESPONSE GIVEN:

____ Chairman of Board

ACTION TAKEN: