



**Interagency Committee on Employees with Disabilities**

**Public Participation Request Form**

Required information is marked with an asterisk [\*]. Please type or print legibly.  
Incomplete forms will not be processed.

Date\*: \_\_\_\_\_

I, (name\*) \_\_\_\_\_, of (mailing address\*) \_\_\_\_\_  
am requesting an opportunity to address the Interagency Committee for Employees with Disabilities (ICED)  
during the public comment period of the meeting scheduled for (date of meeting\*) \_\_\_\_\_.  
I will be addressing ICED on behalf of (specify name of agency, non-profit group, religious group, interest  
group, or self\*), \_\_\_\_\_.

My phone number is\*: \_\_\_\_\_ and email address is\*: \_\_\_\_\_.

I would like to address ICED about the following: (summary of discussion\*):

I understand that the request must be submitted at least 72 hours in advance via the ICED website ([www.iced.illinois.gov](http://www.iced.illinois.gov)) or via Fax at 312-814-1436 (Attention: ICED).

I also understand that no exceptions will be made to the 72-hour deadline and that the ICED Co-Chairs or their designees will notify me as to whether my request has been granted or denied.

In addition, I understand that the time limit for each speaker is five to seven minutes per meeting and that the Committee reserves the right to cut my time if I become disruptive or otherwise inappropriate.

I understand that participation is limited to only two requests for public participation for each scheduled meeting.

\_\_\_\_\_  
Signature of Person Seeking Participation