

Brown County Department of Health Concerns and Recommendations Form

Date: _____

1. What is the primary issue that you would like the Health Department/Health Board to consider? (This includes concerns and recommendations. Please be specific.)

2. What exactly would you like the Health Department/Health Board do or not do? How do you feel this issue should be resolved?

3. If you see multiple alternatives to solving the problem, what are those solutions?

4. Why is this issue important to you or to the community?

5. If needed, please explain further your reasoning regarding this issue.

Which board meeting would you like this issue to be discussed? (Please check one)

Board Meetings start at 5 pm

January 16 ___ March 20 ___ May 15 ___ July 17 ___ September 18 ___ November 20 ___

Name: _____ Address: _____

Phone/ Email: _____ Best time to reach you? _____

Signature: _____

After you have completed this form, mail it to Dr. Norman Oestrike, PO Box 281, Nashville IN 47448, fax it to 812-988-5601 or email it to browncountyhealth@localhealth.in.gov (If additional space is needed, continue writing on reverse side.)