



### AGENDA REQUEST FORM

If you have questions or concerns regarding the practice of optometry in Mississippi that you wish addressed by the Mississippi State Board of Optometry, this form must be **COMPLETED AND RECEIVED BY THE BOARD AT LEAST TEN (10) DAYS PRIOR TO THE DATE OF THE MEETING INDICATING THAT YOU REQUEST TO BE PLACED ON THE AGENDA.** The Board welcomes input from the community and will allow at least three (3) minutes for each subject on the agenda. Should you have multiple subjects for discussion, please submit an Agenda Request Form for each subject which will allow you three (3) minutes to discuss each item you wish presented to the Board.

This is not a forum for a complaint against another licensee or business. All complaints must be handed in accordance with established statute and rules. Please refer to the "Complaint" tab on the website for complaint procedures.

This form may be mailed to: Mississippi State Board of Optometry 5 Old River Place, Suite 105, Jackson, MS 39202-3449; or emailed to [info@msbo.ms.gov](mailto:info@msbo.ms.gov).

Spokesperson's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Meeting You Wish to Attend: \_\_\_\_\_

Subject Matter: \_\_\_\_\_

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