

TOWN OF DUNSTABLE REMOTE PARTICIPATION REQUEST

	(Board/Committee/	quest to participate remotely at t Commission) to be held on	he meeting of the
I certify to the Chair that m my physical presence unrea	-	one or more of the following fact	tors which make
(1) Personal Illne	ess or Disability	(2) A Family or Other Emergency	
(3) Military Servi	ce (4) Geographi	c Distance (Personal employment))
Explanation:			
During the meeting, I will be		า:	
Phone Number			
Signature of Member		Date	
	Please sign and ret	urn to Chairperson	
Request received by			
Method of Participation	Signature	Date	
metriod of Fareterpation	(i.e. speakerphone)		
Request Approved	Request Denie	ed*	
Signature of Chairman		Date	

Forward a copy of this signed form to the Board of Selectmen's Office and the Town Clerk's Office.

*All Denied Requests are Final and Not Appealable.