

**McCone Electric Co-op., Inc.
Board Meeting Attendance Request
(for Policy A-5)**

Full name: _____

Address: _____

Telephone: _____

(If this request is also for and on behalf of others, set forth on a separate sheet their full names, addresses and telephone numbers, and attach the same hereto.)

Are you a McCone Electric Co-op., Inc. member? _____ Yes _____ No

Purpose or purposes for requesting such attendance (please be specific):

State whether you wish to attend an entire meeting? _____ or only so much thereof as to allow you to be heard on specific matters?
_____ (please check one)

State name, addresses and telephone numbers of any person(s) you desire to attend the board meeting with you and describe their status – Whether they are a cooperative member, your attorney or other:

Date this request form executed: _____, 20 _____

Signed: _____

Return this form to: McCone Electric Co-op., Inc., P.O. Box 368, Circle, MT 59215-0368

* Action on request

Date of Action: _____, 20 _____ Signed: _____

Title: _____

* To be filled out by the general manager