



Helping people to live, learn, and work in our community

Dot Yeager  
Superintendent/CEO  
[fcbdd.org](http://fcbdd.org)

Administration  
2879 Johnstown Rd.  
Columbus, OH 43219  
614-475-6440

## RULES FOR THE HEARING OF THE PUBLIC

The purpose of speaking at a public meeting is not to engage in dialogue, but to provide an opportunity for the public to address concerns regarding pertinent items on the Board's agenda. Those wishing to speak at public meetings must adhere to the following guidelines:

1. The form must be filled out completely and submitted by Noon (12 p.m.) on the day of the scheduled Board meeting. Late or incomplete forms will not be accepted. **Alternatively, print the form** ([Rules-for-Public-Comment-w-edits-5-2026v2.pdf](#)) **and submit via email to [boardpresident@fcbdd.org](mailto:boardpresident@fcbdd.org) or by fax at 614-342-5001.**
2. Speakers will have three to five (3-5) minutes to talk. *A maximum of five (5) speakers will be permitted to speak at each meeting for a maximum of twenty-five (25) minutes total. Speakers will be permitted to speak on a first come, first serve basis.*
3. *Speakers may only speak on matters listed on the agenda. Speakers with non-agenda matters or complaints are encouraged to communicate by calling the Superintendent's office at 614-342-5950 or emailing concerns to [boardpresident@fcbdd.org](mailto:boardpresident@fcbdd.org).*
4. Speakers must be respectful and civil at all times. There are to be no inflammatory or disruptive comments. Permission to speak may be denied or terminated if remarks are disrespectful or antagonistic.
5. When speaking, the Speaker will state their name for the record, and comments will be directed to the Board.
6. *If attending virtually, your name must be on your screen and your camera must be on when speaking.*
7. These Rules may be amended from time to time or set aside at the discretion of the presiding officer or Board.

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## REQUEST TO SPEAK FORM

Please read the "Rules for The Hearing of The Public" above prior to completing this form.

**Incomplete forms will not be accepted. PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date Speaking: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization represented, if applicable: \_\_\_\_\_

Agenda item to be addressed: \_\_\_\_\_

**Early Childhood  
& Family Center**  
2879 Johnstown Rd.  
Columbus, OH 43219  
614-475-0564

**Early Childhood Learning  
Community**  
4141 Rudy Rd.  
Columbus, OH 43214  
614-451-6418

**Intake**  
1600 Watermark Dr.  
Columbus, OH 43215  
614-342-5490

**Service Coordination**  
1600 Watermark Dr.  
Columbus, OH 43215  
614-464-2743

**Transportation**  
2879 Johnstown Rd.  
Columbus, OH 43219  
614-475-5910

**West Central School**  
1481 W. Town Street  
Columbus, OH 43223  
614-276-8231

**24-hour abuse, neglect and emergency line: 614-464-2743**