

Town of



Amherst Massachusetts

OFFICE OF THE SELECT BOARD

Select Board
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SELECT BOARD POLICY AND REGULATIONS

REMOTE PARTICIPATION POLICY AND REGULATION *voted 01-23-17*

REMOTE PARTICIPATION REQUEST FORM *used with Policy and Regulation*

I, _____ (print name), hereby request to participate remotely at the meeting of the _____ (name of board, committee, commission, working group) to be held on _____ (MM-DD-YY). I certify to the person chairing the meeting that one or more of the following factors makes my physical attendance unreasonably difficult:

____(a) Personal illness; ____ (d) Military service

____(b) Personal disability; ____ (e) Geographic distance.

____(c) Emergency (including, but not limited to, a last minute lack of childcare or eldercare);

Number of times I have remotely participated this fiscal year July 1 – June 30: _____

My current email: _____ My phone number: _____

Please note: _____

During the meeting, I can be reached at:

Phone Number (including area code)

alternate Phone Number

Signature of Member

Date signed

Requesting Member: sign and return to person chairing the meeting as far in advance as possible; a signed copy may be submitted by email, postal mail, or in person

Person chairing: _____
(print name)

Date received (MM-DD-YY)

Method of Participation: _____
(e.g., speakerphone, Skype)

Request Approved: **Y** or **N** – *if N, reason must be provided:* _____

Signature of Chair

Date signed

Chair: After completing this form: 1) keep the original, and 2) send one copy to the member requesting to participate remotely within 48 hours of the request, and 3) send one copy to the Select Board office immediately following the meeting.