

Name _____

COUNCIL COMMITTEE PREFERENCES

Please place a 1, 2, 3, etc. in the blanks indicating your preference of Committees on which to serve.

C/FBISD/LISD Liaison _____

CISD Liaison _____

Coppell Seniors _____

Dallas Regional Mobility Coalition _____

ecoCoppell _____

Metrocrest Community Clinic _____

Metrocrest Medical Foundation _____

Metrocrest Social Services _____

North Texas Council of Governments _____

North Texas Commission _____