

REQUEST TO SPEAK
FOR AGENDA ITEMS ONLY

NAME- _____

ADDRESS- _____

PHONE NUMBER- _____

REQUESTED DATE OF COUNCIL MEETING- _____

REASON TO SPEAK

I understand that I have only 5 minutes to speak:

Signature: _____

This form must be in the City Clerks office by 2:00 p.m., Friday, before requested Council meeting. (Thursday if Friday is a Holiday)

FAX NUMBER: 217-221-3664