



**INFORMATIONAL SHEET**  
**TO SPEAK BEFORE CITY COUNCIL**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

DESIRE TO SPEAK ABOUT ITEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* MUST BE RETURNED BY WEDNESDAY BEFORE THE COUNCIL MEETING YOU  
DESIRE TO SPEAK. COUNCIL MEETINGS ARE HELD EVERY 1<sup>ST</sup> AND 3<sup>RD</sup>  
MONDAYS AT 4:30 pm (EXCEPT MONDAY HOLIDAYS)**