

REQUEST FOR RECOGNITION

If you wish to speak before the City Council, please fill out this form and hand it to City staff prior to the opening of the meeting. This document is a public record. **Comments are limited to 3 minutes for all options below.**

Name (please print): Wa	rk rem	21		
Address:				Zip
Street Email:		City	State	210
wish to speak during:	(Speak on a subject <u>not</u> c	on the Council agenda	1	
	(Speak on a subject not c			
Agenda Item:				
PUBLIC HEARING -	TOPIC:			
Comments: My	havessment	- + no	reselve	

Comments are limited to 3 minutes or less.



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Name (ple	ase print): Nmco Lug	THIS			
Address: _		City	State	Zip	
Email:	Street		State		
I wish to s	peak during:				
K	PUBLIC COMMENT (Speak on a subje	ect <u>not</u> on the Council agenda.)			
	GENERAL BUSINESS: (Speak on an ite	em on the current Council agend	a.)		
	Agenda Item:				
	PUBLIC HEARING - TOPIC:				
Comments	S:				

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