

REQUEST TO BE INCLUDED AS AGENDA ITEM:

DATE _____

NAME _____

ADDRESS _____

PHONE _____

MEETING DATE _____

SUBJECT MATTER _____

SPECIFIC QUESTIONS PERTAINING TO THE SUBJECT MATTER

1. _____

2. _____

3. _____

4. _____

5. _____

SPEAKER WILL HAVE 3-5 MINUTES TO SPEAK UNLESS MORE TIME IS APPROVED BY THE BOARD OF ALDERMEN

SIGNATURE

NOTE: THE FORSYTH BOARD OF ALDERMEN MEET ON THE THIRD MONDAY OF EACH MONTH AT 6:00 P.M. AT THE FORSYTH CITY HALL, 15405 U.S. HWY 160 FORSYTH, MO.

FORM MUST BE RETURNED TO CITY HALL BY NOON ON MONDAY OF THE WEEK PRIOR TO THE MONDAY MEETING NIGHT.