

Request to Appear on Town Council Meeting Agenda

Meeting Date	Date	of Request
CDEAVEDIC INFORMA	TION	
SPEAKER'S INFORMATION		
Name	Phor	ne Number
Address		
Organization (if any)		
Subject		
TIME LIMITED TO FIVE (5) MINUTES UNLESS OTHERWISE APPROVED		
Requestor's Signature		Time Requested
Approval	Date	Time (Minutes)*

^{*}If more than three (3) people sign up to speak at the meeting, the Council reserves the right to reduce time allowed. Form must be returned to the Clerk by 9:00 am on the Tuesday prior to the Regular Council meeting.

TRB Form # 54 (Rev. 2/15)