



CITY OF BUCHANAN

REQUEST TO SPEAK AT CITY COUNCIL MEETING

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REQUEST TO SPEAK AT CITY COUNCIL MEETING

Name: _____ Meeting Date: _____

Address: _____

Phone Number: _____ Email Address: _____

Topic/Subject You Wish to Address: _____

Are you representing an organization or group? Yes No

If yes, name of organization: _____

Have you spoken on this topic at a previous meeting? Yes No

If yes, when? _____

Public Comment Guidelines

- Comments must be directed to the Council as a whole.
- Personal attacks and disruptive behavior are not permitted.
- The Mayor/Council may enforce time limits and meeting decorum.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Approved By: _____