

YOU MUST SIGN UP TO SPEAK 24 HOURS IN ADVANCE OF THE MEETING

CHOOSE ONE: _____ Speaking _____ Speaking if called upon



FRANK J. LESKO

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REQUEST TO ADDRESS CITY COUNCIL

**** Please Print Clearly ****

Name: _____ Ward: _____

Address: _____ Phone: _____

Subject Matter: _____

Date of Council Meeting: _____

Signature: _____

Received by: _____ Date: _____ Time: _____

THANK YOU FOR YOUR ASSISTANCE