TOWN OF LOCUST FORK

REQUEST TO SPEAK AT PUBLIC MEETING

Name: _____

Address: _____

_____

Phone: _____

Submission Date: _____

Meeting Date: _____

Topic: _____

In order to provide more accurate information to address your concerns, please be specific with any questions you may have. Time will be limited to five minutes for new business and three minutes for old business.

_____

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_____

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_____

FOR OFFICIAL USE ONLY

_____ Approved

_____ Denied

Notes: _____

_____

Post Office Box 67 ♦ Locust Fork, Alabama 35097
Phone (205) 681-4581 ♦ Fax (205) 681-0388 ♦ locust4k@bellsouth.net