

**CITY COUNCIL MEETING
CITIZEN PARTICIPATION REQUEST**

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Are you a City of Travelers Rest resident? YES NO

Matter to be discussed:

Discussion time is limited to a maximum of five (5) minutes

Applicant's time cannot be yielded to other individuals.

By my signature, I request the opportunity to address City Council at the next Council

Meeting to be held on: _____

Signature: