CITY OF FULTON, MISSISSIPPI
REQUEST TO ADDRESS THE COUNCIL

Meeting Date: _____
Date Submitted: _____

Requests should be submitted to City Hall prior to the meeting to allow sufficient time for placement on the agenda.

CONTACT INFORMATION

Name:

_____

Address:

_____

_____

Phone Number:

_____

Email (Optional):

_____

AGENDA ITEM / TOPIC
SUMMARY OF COMMENTS
(Please provide a brief summary of the matter you wish to discuss.)

_____

_____

_____

_____

_____

ESTIMATED TIME REQUESTED

☐ 3 Minutes
☐ 5 Minutes
☐ Other: _____

APPEARING AS:

☐ Individual
☐ Business Representative
☐ Organization

Organization/Business Name (if applicable): _____

APPLICANT ACKNOWLEDGEMENT:

I understand that my comments must comply with the rules and procedures of the City of Fulton Board of Aldermen. I understand that this form is a request to address the Council and that approval of this request is subject to the agenda and applicable meeting procedures.

Signature:

_____

Date:

_____

FOR CITY USE ONLY

Date Received: _____
Received By: _____
☐ Approved
☐ Not Approved
Agenda Item #: _____
Comments:

_____

_____

_____

City of Fulton, Mississippi
101 W. Wiygul Street • Fulton, MS 38843
Phone: (662) 862-4929

*Please **return** this **completed** form to City Hall **prior** to the scheduled Board of Aldermen meeting.*