PUBLIC COMMENT SIGN UP SHEET
PLEASE SIGN UP ONLY IF YOU WOULD
LIKE TO SPEAK

CITY COUNCIL WORK SESSION FOR MONDAY ___/___/_____ (MM/DD/YR)

ITEM NUMBER	PRINT NAME	ORGANIZATION NAME (if applicable)
	□ Mr. □ Ms.	
	□ Mr. □ Ms.	
	□ Mr. □ Ms.	
	□ Mr. □ Ms.	
	□ Mr. □ Ms.	
	□ Mr. □ Ms..	
	□ Mr. □ Ms.	
	□ Mr. □ Ms.	
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	□ Mr. □ Ms.	
	□ Mr. □ Ms.	