



## CHARLES L. REDPATH SR.

OFFICE OF THE CITY CLERK

300 S. 7<sup>th</sup> Street Room 106

Springfield, IL. 62701

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**WE ASK THAT YOU SIGN UP TO SPEAK 24 HOURS IN ADVANCE OF THE MEETING**

**VISUAL AIDS MUST BE APPROVED BY THE CITY CLERK'S OFFICE PRIOR TO SPEAKING**

### REQUEST TO ADDRESS CITY COUNCIL

**\*\* Please Print Clearly \*\***

Name: \_\_\_\_\_ Ward: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Subject Matter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Meeting You Wish To Speak At: \_\_\_\_\_ Visual Aid (Y/N): \_\_\_\_\_

Signature: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Visual Aids must adhere to the City Council Rules for Public Comment and may not include any Prohibited Material.