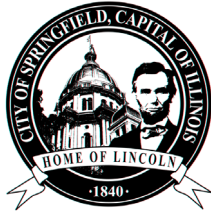


CHOOSE ONE: \_\_\_\_\_ Attending only \_\_\_\_\_ Speaking \_\_\_\_\_ Speaking if Called upon



**YOU MUST SIGN UP TO  
SPEAK 24 HOURS IN  
ADVANCE OF THE  
MEETING.**

**FRANK J. LESKO**  
OFFICE OF THE CITY CLERK  
ROOM 106, MUNICIPAL CENTER WEST  
Springfield, IL. 62701  
Phone No. 217/789-2216 Fax No. 217/789-2144  
Email: Frank.Lesko@springfield.il.us

## REQUEST TO ADDRESS CITY COUNCIL

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

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

Ward \_\_\_\_\_

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

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

**Subject Matter: (Please describe briefly & specifically the issue(s) you will address and your concerns)**

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**Date of Council Meeting:** \_\_\_\_\_

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

**Received By:** \_\_\_\_\_ **On** \_\_\_\_\_, 2021.

THANK YOU FOR YOUR ASSISTANCE.