



CECILIA K. TUMULTY
OFFICE OF THE CITY CLERK
ROOM 106, MUNICIPAL CENTER WEST
Springfield, IL. 62701
Phone No. 217/789-2216
Fax No. 217/789-2144

REQUEST TO ADDRESS CITY COUNCIL

**** Please Print Clearly****

Name: _____

Address: _____

Phone No. _____

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

Date of Council Meeting: _____

Signature: _____

Received By: _____ On _____, 20__

THANK YOU FOR YOUR ASSISTANCE.