REQUEST TO APPEAR BEFORE THE PITTSBURG CITY COUNCIL

Date:/	/		
	g Date at which you wish to app		_/
Name:			
Address:			
Email address:			
Email address: Fax number: Fax number: Organization Represented (if any):			
Organization Re	epresented (if any):		
	at of presentation you wish to m Attach additional sheets if nece		
Signature			
Signature			

This form must be returned to the City Secretary by **Monday at 5:00 pm** seven days prior to the City Council meeting at which you wish to speak. Once this form is submitted, it will be reviewed and you will be notified to confirm or deny your request to appear. Please send completed form to: City of Pittsburg, Attn. Margaret Jackson, 200 Rusk, Pittsburg, TX 75686, or fax to 903-856-0544.