

**City of Lake Wales, Florida**

**CITY COMMISSION - REQUEST TO SPEAK**

***The time limit is five minutes for Public Comments.***



Date: \_\_\_\_\_

Speaker's Name: \_\_\_\_\_ Representing \_\_\_\_\_  
(Print clearly)

Speaker's Address: \_\_\_\_\_  
(Print complete address)

\_\_\_\_\_ City State Zip Code

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Sign me up for the quarterly email newsletter

I wish to speak during Agenda Item (Identify Item No.): \_\_\_\_\_

I waive my right to speak, but wish to express my opinion regarding Agenda item (Identify Item No.) \_\_\_\_\_

**For or Against** (Circle One), Comments: \_\_\_\_\_

\_\_\_\_\_

**City of Lake Wales, Florida**

**CITY COMMISSION - REQUEST TO SPEAK**

***The time limit is five minutes for Public Comments.***



Date: \_\_\_\_\_

Speaker's Name: \_\_\_\_\_ Representing \_\_\_\_\_  
(Print clearly)

Speaker's Address: \_\_\_\_\_  
(Print complete address)

\_\_\_\_\_ City State Zip Code

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Sign me up for the quarterly email newsletter

I wish to speak during Agenda Item (Identify Item No.): \_\_\_\_\_

I waive my right to speak, but wish to express my opinion regarding Agenda item (Identify Item No.) \_\_\_\_\_

**For or Against** (Circle One), Comments: \_\_\_\_\_

\_\_\_\_\_