

City of Lake Wales, Florida
CITY COMMISSION - REQUEST TO SPEAK
The time limit is five minutes.



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 these Agenda Item(s) (Identify Item number(s)): _____

I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items) _____,

For or Against (Circle One), Comments: _____

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