

**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: \_\_\_\_\_  
(Optional) (Print complete address)

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

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

Sign me up for the quarterly email newsletter

I wish to speak on this Agenda Item(s) or topic: \_\_\_\_\_

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

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

\_\_\_\_\_

This form is a public record and will be added to the online agenda packet after the meeting.

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