



City of McComb

BOARD MEETING REQUEST

BOARD MEETING DATE: _____

REQUESTOR'S NAME: _____

ADDRESS _____ CONTACT NUMBER _____

CITY

STATE

ZIP

Request should be submitted to the City Administrator/City Clerk by 5:00 p.m. on the Wednesday prior to the date of the next Board Meeting.

SUBJECT MATTER: _____

Is there material you wish to attach to the docket? Yes _____ No _____

If so, please provide it with your request. Number of pages: _____

Do you wish to personally appear before the Board of Mayor and Selectmen? Yes ___ No ___

YOU WILL HAVE 3 MINUTES TO SPEAK

Requestor Signature: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Received by: _____ Date: _____

BOARD MEETING DATE: _____ APPROVED: Yes ___ No ___