McCormick Town Council Meeting Request Form Request to Appear Before the McCormick Town Council

Date://	
Council Meeting Date to be atten	nded:/
Name:	
Address:	
E-mail Address:	
Phone Number	Fax Number
Organization Represented (if any	y):
	you wish to make and statement of action you wish all sheets if necessary (please be aware that presentations
Signature:	

This form must be returned to the Town Clerk/Treasurer by Wednesday preceding the Council Meeting you wish to attend/speak. Once this form is submitted, no further reminder will be given. Citizens may call Town Hall, 864-852-2225 to confirm receipt of this form.

Please send this form to: Town of McCormick 117 W. Augusta St. PO Box 306 McCormick, SC 29835-0306

Approved	Not-approved
Reason for Not-approved	
Roy Smith, Jr., Mayor	
Date:	