

CITY OF MAYSVILLE -

MEETING APPEARANCE FORM

To be completed by persons desiring to speak to the Planning Board.

PLEASE TYPE OR PRINT:

DATE: _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

Organization, if any, on whose behalf you wish to appear:

(Name)

(address)

Telephones where you may be reached:

_____ home hours _____

_____ business hours _____

Subject matter which you wish to discuss and a statement of what you desire to have done.

Do you plan or expect to make a complaint or report of wrong doing, improper action or neglect on the part of any city official or employee of the city: _____ yes _____ no

Name

Title

Appearance Date _____