

BOROUGH OF SCOTTTDALE



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Scottsdale, PA 15683
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Citizen Comment Form

DATE OF REQUEST: _____

RESIDENT'S NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: _____ Home or Mobile (Circle One)

_____ Home or Mobile (Circle One)

REASON FOR SPEAKING: _____

MONTH TO SPEAK: _____

INSTRUCTIONS:

Please fill out the form completely.

Clearly state the reason for speaking, providing details as necessary.

Indicate the specific month you are requesting to speak.

I am aware that I am limited to a 3-minute me limit on the topic listed above. Request for speaking at the Scottsdale Borough Council Meeting must be submitted by the individual intending to speak.

RESIDENT'S SIGNATURE: _____