

# City of Glyndon



## OPEN FORUM REGISTRATION

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOPIC(S) YOU WISH TO ADDRESS WITH THE COUNCIL:

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ACTION YOU WOULD LIKE TO SEE TAKEN BY THE COUNCIL:

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IF YOU WOULD LIKE TO BE CONTACTED REGARDING THIS TOPIC, PLEASE PROVIDE THE FOLLOWING:

PHONE NUMBER \_\_\_\_\_ AND/OR

EMAIL ADDRESS \_\_\_\_\_

This form must be filled out and returned to the City Clerk by the Friday prior to the Council Meeting.