

City of Glyndon



OPEN FORUM REGISTRATION

Date: _____

NAME: _____

ADDRESS: _____

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

ACTION YOU WOULD LIKE TO SEE TAKEN BY THE COUNCIL:

IF YOU WOULD LIKE TO BE CONTACTED REGARDING THIS ISSUE, 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.