## Requested Date to Speak (Meetings are the 4<sup>th</sup> Wednesday at 7pm)

Signature

## Mt. Airy Town Council Community Resident Meeting Request to Speak Form



			_	Town Council
Speaker Name(s)				
Cell #	Email			
Street Address		City	State _	Zip
Company/Organization of	Speaker			
Summarize your topic / su	bject matter speaking po	pints below:		
How does your presentati	on benefit the Mt. Airy co	ommunity?		
Any special requests? (acc	essible accommodations	s, presentation eqpt ned	eds, etc)	
GUIDELINES FOR SPEAKER	S			
* Completed request form the meeting date. You will				pe received 2 weeks prior to he meeting date.
* The time limit for each s other situations. The spea	•		• •	•
* Speakers will be respect and gestures.	ful of others and refrain f	from profane, abusive,	inflammatory or otl	herwise offensive remarks
* Multimedia presentation Mt. Airy Town Council boa	•		•	bmitted for viewing by your
I agree to follow the guide	lines listed above			

Today's Date