



19601 CR 2529
PAYNE SPRINGS, TX 75156
903-451-9229

REQUEST FOR PLACE ON THE AGENDA OF THE CITY COUNCIL

NAME: _____

ADDRESS: _____

PHYSICAL: _____

MAILING: _____

PHONE: DAYTIME: _____ NIGHT: _____

DATE OF COUNCIL MEETING DESIRED: _____

(Regular Council meetings are held on the third (3rd) Tuesday of each month)

PLEASE COMPLETE THE FOLLOWING:

SUBJECT: _____

GIVE DETAILS OF SUBJECT TO BE DISCUSSED (BE SPECIFIC): _____

IN YOUR OPINION, GIVE A REASON FOR BRINGING THIS SUBJECT TO THE ATTENTION OF THE CITY COUNCIL: _____

WHAT DO YOU THINK SHOULD BE DONE TO SOLVE THE PROBLEM? _____

In order to maintain our City Council Meetings in an orderly and business like manner, we feel that all blanks should be filled out and completed. This will help make your City Council more knowledgeable of your requests and desires. Please note, if you or your representative are not present, your request will be rescheduled for a future meeting as appropriate.

Mail to:
secretary@paynespringstx.com

Signed: _____

Date: _____