

CITY OF DOUGLAS

PRESENTATION REQUEST FORM

MEETING DATE: _____

Presentations are limited to 5 minutes. It is the prerogative of the Mayor to specify a shorter period of time.

Before beginning your presentation, state your name, address and organization for the record.

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

ORGANIZATION: _____

AGENDA ITEM NUMBER _____

SUBJECT: _____

FOR THE ISSUE

AGAINST THE ISSUE