



CITY OF SONORA

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CITY COUNCIL MEETING

REQUEST FOR PUBLIC APPEARANCE

DATE OF REQUEST _____

COUNCIL MEETING DATE _____

REQUESTOR'S NAME: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

NATURE OF REQUEST: _____

ESTIMATED TIME REQUIRED *(Presentation Limited To A 10 Minute Maximum)*: _____

ESTIMATED COST TO CITY: _____

SUBMITTED BY: _____

RECEIVED BY: _____

COUNCIL MEETINGS ARE HELD THE FIRST AND THIRD MONDAY OF EACH MONTH *(If Meeting Date Falls On A Legally Recognized Holiday, The Meeting Will Be Scheduled For The Following Day)*. REQUESTS MUST BE RECEIVED BY 4:00 P.M. THE MONDAY PRIOR TO THE MEETING. RETURN COMPLETED REQUEST TO CITY OF SONORA ADMINISTRATION, 94 N. WASHINGTON STREET, SONORA, CA 95370 OR FAX TO (209) 532-2738. FOR QUESTIONS, CALL (209) 532-4541.

PLEASE ATTACH ALL PERTINENT DATES, MAPS, SKETCHES, REPORTS, CERTIFICATES OF INSURANCE, ETC.