



CITY OF MOORE

REQUEST TO BE HEARD

Moore City Council
Moore Public Works Authority
Moore Risk Management

Date: _____ / _____ / _____

Name: _____
(First) (M.I.) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

Agenda Item#: _____ (if known or applicable)

Reason for Appearing: _____

**Please limit your comments to five (5) minutes or the time allotted by the Mayor or Chairman.
All comments shall be addressed to the Mayor or Chairman only.**

Return this completed form, prior to the meeting, to the City Clerk or the Recording Secretary, at the physical address or email below. Can be returned the night of the meeting to the City Clerk or Recording Secretary, at the front of the room, prior to the start.

City Clerk
301 North Broadway
Moore, Oklahoma 73160

cityclerk@cityofmoore.com