

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Terry Myer Jackson Jr DATE: 2/8/22

ADDRESS: Barkwood Dr PHONE: _____

CITY: DGA COUNTY: Pulaski STATE: Mo ZIP: 64777

REPRESENTING: _____

SIGNATURE: Terry Myer Jackson Jr I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Lack of Safety

on our Streets

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)