



Request to Address the Stone Mountain City Council (Speaker's Card)

NOTE: Once completed, this card becomes a public document.
Each Speaker will only have Three (3) Minutes to make their statement

Meeting Date: _____

Full Name: _____
MM/DD/YYYY

Residence Address Line 1: _____
Yes ☐ No

City Resident: ☐

Residence Address Line 2: _____
Yes ☐ No

City Business Owner: ☐

Email: _____

Phone Number: _____

Would you like to be added to the City of Stone Mountain Email Distribution Lists? ☐ Yes ☐ No

Brief Overview of What you want to Discuss:



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