

Yes []No

## 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:	-		
Residence Address Yes [] No	Line 1:	City Resident: [ ]	
Residence Address Yes [] No	Line 2:	City Business Owner: [ ]	
Email:		Phone Number:	
Would you like to be	added to the City of Stone Mountain Er	mail Distribution Lists? [ ] Yes [ ] No	
Brief Overview of W	hat you want to Discuss:		
CONE	Request to Address the	e Stone Mountain City Council	
G S MOUNT	Request to Address the Stone Mountain City Council (Speaker's Card)		
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Email:	Phone Number:
Would you like to be added to the City of Stor	ne Mountain Email Distribution Lists? [ ] Yes [ ] No
Brief Overview of What you want to Discuss:	