



City of Darien  
P.O Box 452 | 702 North Way | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

**REQUEST TO APPEAR ON CITY COUNCIL MEETING AGENDA**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_ Email: \_\_\_\_\_

Topic (one allowed) you wish to speak about: \_\_\_\_\_

Summary of your talking points: **Please limit your address to 3 minutes.**

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**YOU WILL BE NOTIFIED BY EMAIL (OR PHONE IF NO EMAIL) IF YOU WILL BE ON THE AGENDA.**  
**DEADLINE FOR CONSIDERATION TO BE ON AGENDA IS THE WEDNESDAY PRIOR TO MEETING AT 12 PM.**

Date and Time this request was received at City Hall: \_\_\_\_\_ by: \_\_\_\_\_