



Date: _____

PUBLIC AGENDA REQUEST FORM

DATE TO SPEAK: _____

NAME: _____

ADDRESS: _____

_____ zip _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Brief description of topic to be discussed:

Signature: _____

Please return to: Sherry Justus, Deputy Clerk
City of Wells
P.O. Box 366 – 525 Sixth Street
Wells, NV 89835

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