



15 MINUTES WITH THE MAYOR REQUEST FORM

REQUEST DETAILS

POINT OF CONTACT:	Date:	Time:
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NAME(S) OF PERSONS ATTENDING:	
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EXPLAIN REASON FOR MEETING:	
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CONTACT NUMBER:	
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CONTACT ADDRESS:	
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CONTACT EMAIL:	
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Any documents to support your meeting and bringing its resolution must be attach to request form.

OFFICE USE ONLY

DATE RECEIVED:	
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STATUS OF APPROVAL:	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Deferred
	Scheduled Date: _____ Time: _____

STAFF PERSON(S) ATTENDING:	Print: _____
	Signature: _____

COMMENTS &
RESOLUTION:

