



The City of
Effingham
Illinois

**City Council
Speaker's Card**

Date of Request: _____

Date of Requested Meeting: _____

Name of Speaker: _____

Name of Organization, if applicable (optional): _____

Address of Speaker (optional): _____

Phone Number of Speaker (optional): _____

Topic of Discussion: (brief description required)

Desired action of the City:

Signature of Speaker: _____

A speaker's card must be submitted prior to ten (10) minutes before the scheduled meeting is to begin. There is a five (5) minute time limit per speaker.

Internal Office Use Only

Date/Time Received: _____ Received By: _____

City Department Involved in Discussion: _____

Department Notified of Discussion Topic and Desired Action: _____ Yes _____ No