REQUEST TO APPEAR BEFORE THE MAYOR & CITY COUNCIL

_____
Requested Meeting Date

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

_____

TELEPHONE NO.: _____

EMAIL: _____

PLEASE GIVE AN EXPLANATION ABOUT THE REQUEST AND ABOUT THE PRESENTATION YOU HAVE PREPARED FOR THE MAYOR AND COUNCIL:

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Please complete this form and remit it via mail or email to:

Kathleen Mathias, City Clerk
P.O. Box 158
Ocean City, MD 21843
kmathias@oceancitymd.gov
Phone: 410-289-8842