



**CITY OF WOODRUFF**  
 231 E. Hayne Street  
 Woodruff, SC 29388  
 Phone: 864-476-8164 Fax: 864-476-8119  
[www.cityofwoodruff.com](http://www.cityofwoodruff.com)

## REQUEST TO APPEAR AT CITY COUNCIL MEETING

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

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

Phone: \_\_\_\_\_

Group/Organization: \_\_\_\_\_

Speaker(s) Name(s): \_\_\_\_\_

Have you discussed your issue with a department supervisor?

Yes  No

Have you discussed your issue with the city manager?

Yes  No

Issue to be discussed:

You will be placed on the agenda for the next regular city council meeting to be held:

DATE: \_\_\_\_\_

City staff contact: \_\_\_\_\_

Each speaker's appearance listed above will be restricted to five minutes.