



TOWN OF WINTERVILLE PUBLIC COMMENT APPLICATION

Name of Applicant: _____

Date: _____

Address: _____

Phone: _____

Town Council Meeting Date Requesting to Provide Comment: _____

Description of the item(s) to be presented to the Town Council Members. Please be specific.

Name(s) of Speaker(s):

(1) _____

(2) _____

(3) _____

My signature below acknowledges that I have read the Town of Winterville Public Comment Policy. I agree that as applicant, the speaker(s) named above shall adhere to the Public Comment Policy of the Town of Winterville.

Signature