

City of Mt. Angel

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TESTIMONY FORM

Name: _____ Phone: _____

Mailing Address: _____

City, State and Zipcode: _____

Date: _____

I wish to address the Mt. Angel City Council during:

APPEARANCE OF INTERESTED CITIZENS

What topic do you wish to discuss?

Is your topic on tonight's agenda? yes no

PUBLIC HEARING

What is the topic of the public hearing?

Please limit comments to 3 minutes. Speakers may not yield their time to others.