

(3)

GAHANNA CITY COUNCIL

Speaker Request Form

To request to speak before City Council, please complete the following information and hand this form to the Clerk prior to 7:00 p.m. If you are recognized to speak by the Chairman, you are requested to use the microphone at the lectern.

NAME Kate Moening

ADDRESS 255 Broken Arrow Rd.

CITY Gahanna STATE Ott

TELEPHONE 614 668 6438

TOPIC: BWCT Section 5

Email kmoening@ycba.com

DATE 7/20/15

GAHANNA CITY COUNCIL

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NAME Tom Liszkay

ADDRESS 457 TRESHAM RD

CITY GAHANNA STATE OHIO

TELEPHONE 614 476-2044

TOPIC: SECTION 5- BIG WALNUT

Email Tom.Liszkay@yahoo.com

DATE 7-20-2015

(2)



GAHANNA CITY COUNCIL

Speaker Request Form

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NAME Patricia Kovacs

ADDRESS 527 Haversham Dr.

CITY Gahanna STATE OH

TELEPHONE 614 476 9093

TOPIC: BWT section #5

Email pkovacs@att.net

DATE 7/20/15