

REQUEST FOR CALL BACK FORM

City of Corpus Christi

Enter either "City Council" or the name of the City Board: _____

DATE OF MEETING (mm/dd/yy): _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TOPIC: _____

AGENDA ITEM NUMBER (if applicable): _____

TELEPHONE NUMBER FOR CALL BACK: _____