

TOWNSHIP OF IRVINGTON

OFFICE OF THE TOWNSHIP COUNCIL MUNICIPAL BUILDING

CIVIC SQUARE, IRVINGTON, NEW JERSEY 07111

Tel: (973) 399-6664 Fax: (973) 416-6417 E-mail: townclerk@irvingtonnj.org Website: www.irvington.net

HEARING OF CITIZENS FORM

Do you want to speak at the Council Meeting? Please fill out this form.

SESSION (select which session you w	vould like to address the Council):	genda Item(s) ☐ General Concern(s)
* NAME:		
ADDRESS:		
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City	State	Zip
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*Requests for additional discussion s * SIGNATURE: SIGN-UP SHEET DEAL submitted to the Municipal C	ER(S) AND QUESTION(S): _ subject matters/questions after the	submittal of the form are at the discretion of the Ch * DATE: ins the day after each meeting. The form must be man 5 minutes after the beginning of the

Information submitted on this form is public record.

SEC~PB/ZBA ZONING~OFF OTHER(S):_