



**City of Jackson
Office of the
Clerk of Council**

P.O. Box 17
Jackson, Mississippi 39205-0017
(601) 960-1031

REQUEST FOR STATEMENT OF VOTES

(Please Print)

TODAY'S DATE: _____ PHONE: _____

PERSON REQUESTING: _____ DEPT: _____

EMAIL ADDRESS: _____

REQUEST TO BE FILLED

STATEMENT OF VOTES

(DATE OF MEETING) _____ AGENDA ITEM NO. _____

INSTRUCTIONS/COMMENTS: _____

ORDER TITLE: (Any request shall be clear and concise by providing specific details exactly the way it is listed in Novus Agenda.)

A RESPONSE TO YOUR REQUEST WILL BE PROVIDED TIMELY AFTER RECEIPT OF YOUR WRITTEN REQUEST

PLEASE EMAIL REQUEST TO clerkofcouncil@jacksonms.gov

Picked Up By: _____ Dept: _____ Date: _____