



# Boston City Council Meeting/Hearing Copy Request Form

Submitted to:  
 Program Manager  
 Boston City Council  
 Boston City Hall, 5<sup>th</sup> Floor  
 Boston, MA 02201  
 (617) 635-2208

Date Submitted: \_\_\_\_\_

**COST: \$15.00/hearing or meeting requested.**

<b>Contact Name:</b>	
<b>Organization:</b>	
<b>Address1:</b>	
<b>Address2:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Contact phone:</b>	
<b>Contact email:</b>	

Please complete the following information, so that we may process your request:

Council Meeting	
Date:	

Committee Hearing	
Committee:	
Date:	
Docket Number:	
Subject:	

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