WAIVER OF REQUIREMENT REQUEST

Date: _____

City Council of Casa Grande
510 E. Florence Boulevard
Casa Grande, AZ   85222

Dear Members of the Council:

I am applying for a seat on the _____

and request a waiver of the following rules:

_____ Residency Requirement

_____ Number of Committee Membership

I am requesting this waiver because_____
_____
_____
_____
_____

_____
Name of Applicant (printed or typed)

_____
Signature of Applicant

_____
Telephone Number(s)