



Northeast Ohio City Council Association

City Councilmembers Form

(Please list Councilmembers alphabetically and include all information requested)

Councilmember Name: _____

Home Address: _____

City and Zip: _____

Home Telephone: _____ Business Telephone: _____

Preferred Mailing Address: _____

City and Zip: _____

E-Mail Address: _____

Position on Council: _____

(President, Vice Mayor, Pro-Tem, Ward, At-Large)

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