MAYOR'S OFFICE
CITY OF FAIRFIELD

Edward E. May, II
Mayor

"Request for Action Form"

Name: _____

Date: _____ *Telephone Number* _____

Address: _____

Request:

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This portion is to be completed by a representative of the City of Fairfield

Received by: _____ *Date:* _____

Date Completed: _____

Comments: _____

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_____

Please return the bottom portion to Mayor's Office

*4701 Gary Avenue, P.O. Box 437, Fairfield, AL 35064 (205) 788-2492 * Fax (205) 783-6005*
"An Older City Moving in a New Direction"