



## We want to hear from you!



## Conversation with Council SUGGESTION/ RECOMMENDATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please tell us what is your suggestion or recommendation to make Trenton Better:**

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Do you have a written proposal with details?  Yes  No

Yes  No

Would you like to meet or speak with a member of Council “one on one” to present and discuss your proposal?

Yes  No

Would you like to be contacted to volunteer for upcoming community projects?  Yes  
 No

□ No

Is there any specific projects you would like to work on?  Yes  No

Yes  No

THANK YOU FOR WORKING TOGETHER TO MAKE TRENTON BETTER

TRENTON CITY COUNCIL • 319 EAST STATE STREET • TRENTON, NJ 08608  
609.989.3146 • 609.989.3190 (FAX)