



2019 CITIZENS ACADEMY REGISTRATION FORM

Name: _____

Address: _____

E-mail _____ Phone: _____

Occupation: _____

Interest in attending the Citizens Academy:

Will you be able to attend at least 3 of the 4 classes? Yes / No

Class Schedule: 6:30- 8 pm on 2/13/19; 3/13/19; 4/10/19; 5/8/19

How did you hear about the Citizens Academy? (Circle One)

Town Hall News City Facebook Page City Website Other: _____

Are you a City of Lebanon resident? Yes / No

Do you own/operate a business in the city limits? Yes / No

Applicants for the Citizens Academy must be a City of Lebanon resident or business operator/owner.

Please return this form to: City of Lebanon, Assistant to the City Manager, 50 South Broadway, Lebanon, OH 45036 or email to kgraves@lebanonohio.gov

Contact: Karen Graves at kgraves@lebanonohio.gov or 513-228-3110