

City of Parma



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City of Parma
Parma City Council Application

Name: _____
Address: _____
Length of Time in Parma: _____

What personal strengths would you bring to Parma and the City Council?

What do you believe are some positive things about Parma?

What do you believe are some improvements the city could undertake?

Additional thoughts may be written on the reverse side.
Please return this form to City Hall.

With questions, contact:
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