CITY COUNCIL AGENDA REQUEST

Name of Requestor		Today's Date
Name of Business, if applicable		Phone Number
Email Address		
Street Address		
City	State	Zip Code
Requested City Council Date	Alternative Date	
Discussion Item		
Handouts ☐ Yes ☐ No	Computer Hook Up Requested ☐ Yes ☐ No	

By signing this form, I understand that:

•This format gives citizens an opportunity to express concerns to the council without expectation of discussion or action.
•This form can be used only once a month by the same individual('s).
•This is not a venue to bypass policies and procedures of the city commissions and committee's.
•No more than 2 people can speak on the same topic at any one meeting.
•Remarks should not exceed 5 minutes per person.
•Remarks should be directed to the council as a whole and not to any individual member or department head.
•Handouts and other materials, if any, must be provided to City Hall with the submission of this form (Limit 10 pages).

Requester Signature	Date & Time Received
Received By	