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City Council Agenda Request Form

Contact Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Request Details

Topic: _____

Requested Action: _____

Brief Description:

Additional Information

1. Why should this be considered?

2. List any known impacts (benefits or concerns).

Please attach any additional documentation, if relevant.

For Office Use Only

Date Received: _____ Received by: _____

Department Referral: _____

Staff Recommendation: _____

Agenda Date: _____