



AGENDA ITEM REQUEST

All requests will be reviewed by City Manager

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

City Council Meeting / Planning Commission Meeting (Please Circle One)

Date Requested: _____

Agenda Item(s)

Requested:

- 1.) _____
- 2.) _____
- 3.) _____

Please provide detailed description of the item(s) that you will be discussing with the City Councilmember's.

1.) _____

2.) _____

3.) _____

Requestor's Signature

Date

City Clerk / Staff Member

Date

City Manager

Date