

CITY OF BOVILL
AGENDA REQUEST FORM

TODAY'S DATE: _____

FROM: _____

ADDRESS / PHONE: _____

FOR: _____ COUNCIL MEETING

MEETING DATE: _____

SUBJECT MATTER: _____

WHAT IS BEING **REQUESTED**: _____

AFFECTED PARTIES WHO NEED TO BE CONTACTED:

IS THERE ANY POTENTIAL FINANCIAL IMPACT TO THE CITY: YES NO

THIS FORM MUST BE SUBMITTED AT LEAST **5 WORKING DAYS PRIOR** TO THE SCHEDULED MEETING. ALL PERTINENT PAPER WORK TO BE DISTRIBUTED TO THE COMMITTEE MEMBERS **MUST BE ATTACHED TO THIS FORM.**

SIGNATURE

SIGNATURE

ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM
submit Admin to City Clerk's office)

STAFF: Can this be addressed Administratively? Yes No