

**CITIZEN REQUEST TO BE ON CITY COUNCIL'S AGENDA**

DATE OF REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone Number \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONCERN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAS THE ABOVE MATTER BEEN DISCUSSED WITH THE ADMINISTRATOR?**

**(Please check one box below)**

Yes

No

**If your answer is "No", your concern will be directed to the Administrator for assistance. If your answer is "Yes" and you were unsatisfied with the outcome, please explain why.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COUNCIL COMMENTS/ACTION:**

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_