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Application to Appear on City Council Agenda

Date Submitted:	/	Meeting I	Date Requested:
Name:			Phone:
Email:			
Address:			
City:			
Brief summary of Agenda Item to	be considered:		
What action is requested from the	• Council:		
Has additional information been s	submitted for this iter	n? YES	NO
Council Meeting that month	. If you have any a	additional info Submit this fo	st of the month, prior to the scheduled ormation you would like for the Council orm until all items have been attached polete.
**** Before signing ple		<u> </u>	application have been filled out****
XSignature			 Date