REQUEST TO BE ADDED TO MAYOR & COUNCIL AGENDA

Date of Meeting.			
Name:	400	8	
Address:			
Telephone:			
Subject to be discussed at mee			
	- Filling of the American		
		·	
Results expected from attendar			
9 - 6	*		
Requests must be submi	tted at least two (2)	weeks prior to date	of meeting.
	OFFICE USE ON	<u>LY</u>	
Town Manager: o Approved	Initials:	Date:	
Not ApprovedNotified ApplicantComments:		**	2
Clerk of Council: O Notified Applicant O If applicable, added to a O Filed request Comments:		¥	
		4	