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REQUEST FOR CONSIDERATION OF TOPIC
TO BE PLACED ON A WORK SESSION AGENDA

Date _____

Individual Name _____
Name of Organization _____
Address _____
Phone _____

Request from Commission, Department Manager or Supervisor
Name _____
Department _____
Phone _____

On what Work Session date do you wish to be placed on the Agenda?

Give a brief summary of the matter you wish to discuss (supporting documentation may be attached).

Note: Unless otherwise posted, Work Sessions are held at 5:00 p.m. on the second and fourth Mondays each month with the Commission Meeting immediately following. This request must be received by noon the Wednesday prior to the Work Session for which you wish to be placed on the Agenda.