ANNA CITY COUNCIL AGENDA REQUEST

| NAME: | |
|--------------|--|
| ADDRESS: | |
| PHONE #: | |
| PLEASE BRIEF | LY EXPLAIN THE DETAILS OF WHAT YOU WISH TO DISCUSS WITH THE COUNCIL: |
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| AAANVICCIITC | CAN DE ADDRESCED TUDQUICU ENADI OVEES AND /OD DEDADTMENT HEADS. HAVE |
| | CAN BE ADDRESSED THROUGH EMPLOYEES AND/OR DEPARTMENT HEADS. HAVE SLY SPOKEN TO ANYONE ELSE WITH THE CITY REGARDING THIS ISSUE? |
| 0 | YES IF YES, WHO DID YOU SPEAK TO AND WHEN? |
| 0 | NO |
| WILL YOU BE | ATTENDING THE MEETING? |
| _ | YES NO |
| MEETING ATT | ENDANCE DATE |
| DI EACE NOTE | THAT THE COLINCIL MEETINGS ARE ON THE FIRST AND THIRD THESDAYS OF EACH |

PLEASE NOTE THAT THE COUNCIL MEETINGS ARE ON THE FIRST AND THIRD TUESDAYS OF EACH MONTH AT 5:00 PM AT THE ANNA CITY HALL COMMUNITY CENTER. PUBLIC COMMUNICATIONS ARE PLACED NEAR THE BEGINNING OF THE MEETING AND ARE LIMITED TO 5 MINUTES.