CITY OF OKEECHOBEE

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(863) 763-3372 FAX (863) 763-1686

AGENDA ITEM REQUEST FORM

PLEASE SUBMIT COMPLETED FORM TO:

CITY ADMINISTRATOR'S OFFICE
55 SE 3RD AVENUE
OKEECHOBEE, FLORIDA 34974

NAME: _____
ADDRESS: _____
_____

TELEPHONE: _____ FAX: _____

MEETING: REGULAR ❒ SPECIAL ❒ WORKSHOP ❒ DATE: _____

PLEASE STATE THE ITEM YOU WISH TO HAVE PLACED ON THE CITY COUNCIL AGENDA:
_____
_____

PLEASE STATE WHAT DEPARTMENT(S) YOU HAVE WORKED WITH:
_____
_____

PLEASE STATE DESIRED ACTION BY THE CITY COUNCIL:
_____
_____

PLEASE SUMMARIZE PERTINENT INFORMATION CONCERNING YOUR REQUEST AND ATTACH APPLICABLE DOCUMENTS:
_____
_____

IF A PRESENTATION IS TO BE MADE, PLEASE LIMIT THE TIME TO TEN MINUTES UNLESS OTHERWISE APPROVED BY THE MAYOR.

SIGNED BY: _____ DATE: _____