



CITY OF OKEECHOBEE

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CITY COUNCIL AGENDA ITEM REQUEST FORM

PLEASE SUBMIT COMPLETED FORM TO:

CITY ADMINISTRATOR
55 SE 3RD AVENUE, ROOM 201
OKEECHOBEE, FLORIDA 34974

ATTN: Robin Brock, Executive Assistant

NAME: _____

ADDRESS: _____

TELEPHONE: _____ Email: _____

MEETING: REGULAR SPECIAL WORKSHOP DATE: _____

Please state the item you wish to have placed on the 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: _____