



Phone: 641-664-2260 Fax: 641-664-2445

Agenda Request Form

All Fields are required.

Attach additional sheets and appropriate documentation, if required.

*Date:	*Agenda Item #:
*From:	_ *Topic:
*Narrative: Briefly describe the topic. Please appropriate.	include background information when
* Desired Outcome : Briefly describe the desi Appropriation, etc.	ired outcome, e.g., Council Action, Funds
Funding Requirement: <i>Indicate the anticipate</i>	ed funding requirement.
*Amount (\$):	*Source of Funding:
Submitting Member Contact Info	
*Name:	*Email:



111 West Franklin Street Bloomfield, Iowa 52537

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Phone (H):	*Phone (C):
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Agenda items should be transmitted through the City Clerk and should be submitted by EOD on Friday in advance of the following Thursday's City Council Meeting.