



CITY OF PELICAN RAPIDS
Request to be put on Council Agenda Form

TODAY'S DATE _____

NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Purpose of request _____

Signature _____

Office use only:

Date Received _____

Council Agenda Date _____

Employee Accepting Request _____

Date mailed or given Agenda _____