

Agenda Item Summary

Anyone wishing to be placed on the Agenda must complete this form and return it to the City Office, 106 N 2nd, Sargent NE by Noon on Friday prior to the City Council Meeting.

Name: _____

Address: _____

Phone #: _____

For the Meeting of: _____

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Agenda Item Title: _____

Clearly State Your Comment or Concern: _____

State what Action You would Like Taken: _____

Does this item require expenditures of funds: _____ Yes _____ No

Was this item addressed in the Budget? _____ Yes _____ No

(For City Use)

Date Submitted: _____

Action Taken: _____

