

CITY OF PRIEST RIVER

P.O. Box 415; 552 High Street
Priest River, Idaho 83856
(208) 448-2123
Fax: (208) 448-2232



AGENDA REQUEST FORM

Today's Date: _____
Date of Meeting: _____
Name of Person/Organization making request: _____
Address: _____
Phone Number and/or E-mail Address: _____
Subject/Reason for request: _____
Summary/Description of what is being requested:

(Please use back of form if additional space is needed)

ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM

This form must be submitted no later than 5:00 pm on the Thursday immediately prior to the scheduled meeting. All pertinent paperwork to be distributed to the Council members must be attached.

** For Office Use Only **

Date Received: _____
Received by: _____
Attachments Included? Yes No
Handled Administratively? Yes No
Date on Agenda: _____
Clerk Signature: _____