City of Hawk Point

121 West Lincoln Street, Hawk Point, Missouri 63349
Telephone (636) 338-4377 Fax (636) 338-4827
Website: www.cityofhawkpoint.org

AGENDA REQUEST FORM

Date of Request: ____/____/_____

First Name: _____ M.I. _____ Last Name: _____

Address: _____ Contact Number: (__ __ __) __ __ __ - __ __ __ __
Street Address

_____
City *State* *Zip Code*

Date of Meeting Requested: ____/____/_____

Standing to be placed on the Agenda as:
Please select one of the following

- ☐ Mayor
- ☐ Alderman
- ☐ City Attorney, Prosecutor, or Judge
- ☐ Employee
- ☐ City Resident
- ☐ A person, or the person's legal representative, who is submitting a petition or request specifically allowed or required by the City's ordinances
- ☐ A representative of a business with a physical location within the City Limits
- ☐ Other *(Please see below)*

If you have selected "Other" please be advised that anyone other than those listed above, must have the Mayor or three (3) Aldermen sponsor their request to have an item placed on the Agenda.

What would you like to discuss?

Topic of discussion: _____

How much time do you feel necessary for the above topic to be discussed?

Amount of Time the discussion is expected to take: _____

OFFICE USE ONLY BELOW THIS LINE

☐ Approved ☐ Denied / Reason for Denial: _____
_____

_____ _____ ____/____/_____
Printed Name *Signature* *Date*

Community ~ Courtesy ~ Commitment