

CITY OF POLSON
106 1ST STREET EAST
POLSON, MT 59860
406-883-8200 FAX: 406-883-8238

**Agenda Item
Public Request Form**

Please submit completed by Noon, Monday, preceding the council meeting.

Date Submitted: _____ Requested Meeting Date: _____

Who is requesting item placed on the agenda: _____

Who will be presenting the agenda item: _____

Contact (Phone/Fax/E-mail): _____

How would you like the agenda item worded: _____

Will you have attachments: ___ YES ___ NO
(All attachments due by Monday before, unless otherwise authorized by the City Manager)

Will you be asking for a vote: ___ YES ___ NO

If yes, what specifically are you asking for a vote on: _____

What City department(s) would be affected by this item, and what is the estimated cost to the City: _____

What is the policy question for the Council to Decide: _____

If this is a discussion item, what is the context of the issue: _____

City Manager approval: _____ Date: _____
 disapproved

Please Note:

No additional handouts will be considered for action at the Council meeting.
Submitter represents that presenter named above will be prepared to present this item, if approved. Please Sign: _____