



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

The completed Agenda Request Form must be submitted as soon as possible, no later than Noon, 7 days in advance of the requested City Commission 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 City Commission to Decide: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

City Manager: \_\_\_\_\_ Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Disapproved

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

Please Sign: \_\_\_\_\_