

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: \_\_\_\_\_