**MIAMI TOWN COUNCIL**

**AGENDA ITEM REQUEST / REVIEW / ACTION FORM**

|  |  |
| --- | --- |
| Submitter’s Name / DepartmentOr Name / Organization: |  |
| Sponsored / Co-Sponsored By: |  |
| Presenter’s Name / DepartmentOr Name / Organization andMailing Address: |  |
| Presenter’s Phone Number (s) |  |
| Date of Request:(Month/Day/Yr and Time) |  |
| Requested Council Action:  |
|  |
| Council Meeting Date: First Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Information/Discussion/Action to: |
| List Supporting Documentation provided with this request or provide written description of Request: |
|  |
| **PRE-AGENDA REVIEW**  |
| **MAYOR APPROVAL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOWN MANAGER APPROVAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COUNCILMEMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**COUNCILMEMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Town Clerk ~ Karen Norris**  |