**MIAMI TOWN COUNCIL**

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

|  |  |
| --- | --- |
| Submitter’s Name / Department  Or Name / Organization: |  |
| Sponsored / Co-Sponsored By: |  |
| Presenter’s Name / Department  Or Name / Organization and  Mailing 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** | |