

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: _____