THE CITY OF HARRISONVILLE
WHERE TRADITION MEETS INNOVATION
300 E. Pearl Street, P.O. Box 367 • Tel: 816-380-8900 • Fax: 816-380-8906 • Harrisonville, MO 64701

AGENDA REQUEST FORM

This form must be completed and submitted to the office of the City Clerk. Completed materials for the agenda shall be submitted no later than Monday at 5:00 p.m., 5 business days prior to the next Board of Aldermen's meeting. If the agenda request concerns a complex issue requiring staff research time, the opportunity to address the Board may be moved to a future meeting. The Board of Aldermen's regular meetings are the 1st and the 3rd Monday of each month.

Date of Request:_____ Scheduled Meeting Date:_____

Full Name of Speaker:_____Organization:_____

Home Address:_____City_____State_____Zip_____

Home Phone #:_____Work Phone #:_____Cell#:_____

Email:_____

Specifics of Topic:_____

_____

_____

(You may write on the back or add additional sheets of paper for "Topic" and "Outcome" sections.)
Desired Outcome:_____

_____

_____

_____

If applicable, has this item been previously presented to any of the following Boards for consideration?

_____Board of Aldermen Date Presented_____Outcome_____
_____Planning & Zoning Date Presented_____Outcome_____
_____Park Board Date Presented_____Outcome_____
_____Board of Adjustment Date Presented_____Outcome_____

***I have been made aware of the date and time of the next scheduled Board of Aldermen meeting.

Signature:_____

Office Use Only:
Date request received: