CITIZEN AGENDA ITEM REQUEST

Anyone wishing to request an agenda item or offer comments or concerns about city matters are asked to complete this form and return it to the City of Albion Clerk's Office, 420 W Market Street, Albion, NE 68620, by Noon on Thursday prior to the next available regular City Council meeting. If the Thursday prior to the City Council meeting is a holiday, the deadline is Wednesday at Noon.

| For the meeting date of: | | | |
|--------------------------------|--------------------------|--|---|
| Aganda Itam Titla | | | |
| | | ns be sufficiently descriptive to g ke your Agenda Item Title/Reque | ive the public reasonable notice o st as detailed as possible. |
| Please clearly state your | comment or concern | 1: | |
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| | | | |
| Please state what action | you would like the C | Council to take: | |
| | | | |
| | | | |
| Does this item require th | e expenditure of fun | ds?yes | no |
| Name: | | Da | te: |
| Address: | | | |
| Telephone: | | | |
| ******** | ****** | ******** | ******** |
| This item may be referred to a | ppropriate staff or comn | nittee for resolution prior to pla | cement on Council Agenda. |
| ******* | ****** | ******* | ********* |
| Request: Approved / | Denied / | Referred to: | |
| Meeting Date to be initia | lly addressed by the | Council: | |
| Reasons for denial: | | | |
| | | | |
| City Clerk | Date | Mayor | |