

CITY OF DOVER
REQUEST FOR ITEM
TO BE ON FUTURE AGENDA
(PLEASE PRINT)

COUNCIL RESPONSE:

YES MEETING DATE _____

NO

NOTIFIED VIA _____

DATE _____ BY _____

DATE: _____

YOUR NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

RESIDENT VISITOR ORGANIZATION

AGENDA ITEM: (WRITE SHORT DESCRIPTION OF TOPIC FOR DISCUSSION):

WHEN WOULD YOU LIKE TO SEE ITEM ON THE AGENDA: _____

(MEETINGS ARE 2ND THURSDAY OF EACH MONTH AT 7:00 PM)