



City of

Harrisonville ^{est. 1836}

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: