

**Please submit, completed, by 4:30 p.m., Thursday, preceding the Council meeting.**

**CITY OF RONAN  
207 MAIN SW  
RONAN, MONTANA 59864  
Telephone: (406) 676-4231  
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**Agenda Item -- Request Form**

**Date Submitted:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

**Who is requesting item to be placed on the agenda?** \_\_\_\_\_

**Who will be presenting the agenda item?** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**How would you like the agenda item worded?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Will you be asking for a vote?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, what specifically are you asking for a vote on?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If this is a discussion item, what is the context of the issue?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Will you have attachments/documentation?** \_\_\_\_ Yes \_\_\_\_ No

**Please note: All supporting documentation must be provided by 4:30 p.m., Thursday, preceding the Council meeting. No additional handouts will be considered for action at the Council meeting.**

**Please Sign:** \_\_\_\_\_