

Town of West Siloam Springs

4880 CEDAR DRIVE
COLCORD, OK 74338
(918) 422-5101

AGENDA ITEM REQUEST FOR TOWN BOARD/MUNICIPAL AUTHORITY MEETINGS

DATE: _____

NAME: _____

PHYSICAL ADDRESS: _____

WARD NUMBER: _____

YOUR WARD TRUSTEE: _____

DAYTIME PHONE NUMBER: _____

DATE OF BOARD MEETING DESIRED: _____

WHICH BOARD MEETING? TOWN OF WEST SILOAM SPRINGS/MUNICIPAL AUTHORITY (circle one)

PLEASE COMPLETE THE FOLLOWING:

SUBJECT: _____

GIVE DETAILS OF SUBJECT TO BE DISCUSSED (BE SPECIFIC):

IN YOUR OPINION, GIVE A REASON FOR BRINGING THIS SUBJECT TO THE ATTENTION OF THE TOWN BOARD:

WHAT DO YOU THINK SHOULD BE DONE TO SOLVE THE PROBLEM?

To conduct our Board meetings in an orderly and business-like manner, it is important that you complete all sections of this form in detail. This will help inform the Trustees of your requests and desires. Please note, if you or your representative are not present at the meeting, your request will be rescheduled for a future meeting as appropriate. Request must be received at Town hall no later than the 7th day of the month to be placed on desired meeting date. Please note, submission of this form does not guarantee your requested item will be placed on the agenda.

SIGNATURE: _____

DATE: _____

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COUNCIL MEMBER SIGNATURE CONFIRMING REVIEW:

SIGNATURE: _____

DATE: _____