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|  | **Stevensville Town Council Meeting**  **Agenda Item Request** |

**To be submitted BEFORE Noon on the Wednesday immediately**

**preceding the Thursday agenda publishing deadline (8-days ahead of the meeting).**

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| **Agenda Item Type:** | Choose an item. |
| **Person Submitting the Agenda Item:** | EnterName |
| **Second Person Submitting the Agenda Item:** | EnterName |
| **Submitter Title:** | Choose an item. |
| **Submitter Phone:** | EnterPhone |
| **Submitter Email:** | EnterEmail |
| **Requested Council Meeting Date for Item:** | EnterDate |
| **Agenda Topic:** | EnterTopic |
| **Backup Documents Attached?** | Choose an item. |
| **If no, why not?** |  |
| **Approved/Disapproved?** | Choose an item. |
| **If Approved, Meeting Date for Consideration:** | EnterDate |
| **Notes:** |  |