CITY OF LONG GROVE
LONG GROVE, IOWA

REQUEST TO BE ON COUNCIL AGENDA

NAME_____

ADDRESS_____

PHONE NUMBER_____

EMAIL_____

REASON FOR REQUEST (PLEASE BE SPECIFIC)

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DATE OF COUNCIL MEETING_____

TODAY'S DATE & TIME_____

SIGNATURE_____

MAYOR'S SIGNATURE_____

*The completed form will be emailed to all Council members. However, according to the Cities current Council Meeting procedures, the Mayor has the final approval of all Agendas items.