**CITY OF LONG GROVE**
**LONG GROVE, IOWA**

# REQUEST TO BE ON COUNCIL AGENDA

NAME_____

ADDRESS_____

_____

PHONE NUMBER_____

EMAIL_____

REASON FOR REQUEST (PLEASE BE SPECIFIC)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DATE OF COUNCIL MEETING_____

TODAY'S DATE & TIME_____

SIGNATURE_____