City of Junction City

# Council Agenda Item Request Form

**Date:** _____

**Request From:** Citizen / Organization (Circle One)

**Contact Person:** _____

**Contact Phone:** _____ **Contact Email:** _____

**Requested Meeting Date:** _____

***Please note that all requests must be submitted by the first Wednesday of each month to be considered by the Council for that month.***

**Requested Item:**

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---------- **For Internal Use Only** ----------

**Date Received:** _____ **By:** _____

**Date Entered into Forecaster:** _____ **By:** _____

**Council Meeting Date:** _____

**Requester Notified on:** _____ **By:** _____