



# City Council Agenda Request

City of Carlin

PO BOX 787

Carlin, NV 89822

Phone: 775-754-6354 Fax: 775-754-6912

Applicant/Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of the Event (If Applicable): \_\_\_\_\_

Location (If Applicable): \_\_\_\_\_

Date of desired Council Meeting for consideration: \_\_\_\_\_

*(Council meetings are usually held the 2<sup>nd</sup> and the 4<sup>th</sup> Wednesdays of the Month, unless otherwise scheduled.)*

\*Agenda request items **MUST** be submitted **at least a minimum of TWO (2) weeks** prior to the desired Council Meeting and may be placed on a subsequent future meeting agenda.

Agenda Item/Issue/Event: \_\_\_\_\_

Please answer the following so that the agenda accurately reflects the issue or concern you are bringing to the City Council:

1. Does your item require Action (vote) by the Council or is it informational only? \_\_\_\_\_

2. Do you anticipate any financial or budgetary impact to the City from your agenda item? (If so, please explain and provide documentation of the impact) \_\_\_\_\_

3. Have you addressed your issue operationally through one of the City Departments? If so, have you made contact with the appropriate Department Head or City Manager? \_\_\_\_\_

4. Does your issue require Planning Commission action before going to the City Council? (If unsure, please check with the City Clerk's Office or City Manager) \_\_\_\_\_

5. Have you provided copies of all materials, documents, maps, diagrams, etc. with this item for the Council to consider? (Submit to City Manager to be included in the Council's Agenda Packet) \_\_\_\_\_

\*Other Comments/Notes regarding this item that might be of assistance to the Council in considering your item: \_\_\_\_\_

**Office Use only**

Received: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Receiving Officer: \_\_\_\_\_