



TOWN OF ALTO
P.O. BOX 215
ALTO, GA 30510-0215
706-778-8035
altocityhall@windstream.net

TOWN OF ALTO WORK SESSION / COUNCIL MEETING AGENDA REQUEST FORM

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ PHONE: _____

BUSINESS / ORGANIZATION (IF APPLICABLE): _____

SPEAKER NAME: _____

TOPIC OF DISCUSSION OR BRIEF OVERVIEW: _____

HANDOUTS: _____ NO _____ YES (PLEASE PROVIDE 10 COPIES TWO DAYS PRIOR TO MEETING)

***ONCE YOUR REQUEST HAS BEEN SUBMITTED TO CITY HALL IT WILL BE REVIEWED AND IF APPROVED YOU WILL BE PLACED ON A FUTURE AGENDA FOR EITHER A WORK SESSION OR COUNCIL MEETING. PLEASE STAY ON TOPIC AND YOU WILL BE ALLOTTED 3 - 5 MINUTES TO SPEAK.

SIGNATURE

DATE

PRINT NAME PLEASE

FOR TOWN USE ONLY

_____ APPROVED FOR WORK SESSION ON _____, 20____.

_____ APPROVED FOR COUNCIL MEETING ON _____, 20____.

_____ DENIED (NOT A VALID TOPIC OR ITEM FOR COUNCIL)

***PLEASE ARRIVE TEN MINUTES PRIOR TO THE ABOVE SCHEDULED WORK SESSION / COUNCIL MEETING. ALL WORK SESSIONS BEGIN AT 6PM AND MEETINGS AT 7PM LOCATED AT THE MUNICIPAL COMPLEX, 186 WADE STREET, ALTO, GA 30510.

PENNY ROGERS, TOWN CLERK

DATE