

## Agenda Item Summary

Anyone wishing to be placed on the Agenda must complete this form and return it to the City Office, 106 N 2<sup>nd</sup>, Sargent NE by Noon on Friday prior to the City Council Meeting.

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Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

For the Meeting of: \_\_\_\_\_

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Agenda Item Title: \_\_\_\_\_

Clearly State Your Comment or Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State what Action You would Like Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this item require expenditures of funds: \_\_\_\_\_ Yes \_\_\_\_\_ No

Was this item addressed in the Budget? \_\_\_\_\_ Yes \_\_\_\_\_ No

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(For City Use)

Date Submitted: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_