CITY OF TRUTH OR CONSEQUENCES

AGENDA REQUEST FORM

MEETING DATE:

SUBJECT:

DATE SUBMITTED:

SUBMITTED BY:

Summary/Background:

Approved For Submittal By: *Department Director: XX City Clerk: XX City Manager: XX*

CITY CLERK'S USE ONLY - COMMISSION ACTION TAKEN

Resolution No. _____ Continued To: _____ Referred To: _____
Ordinance No. _____ Approved _____ Denied _____ Other: _____
File Name: _____