

**CITY OF OGALLALA, NEBRASKA  
REQUEST TO BE PLACED ON THE AGENDA**

***IF ISSUE CAN BE HANDLED ADMINISTRATIVELY,  
YOU MAY BE CONTACTED BY A CITY EMPLOYEE***

Date Submitted:	
Submitted By: Dept &/or Name Address Phone Number	
Persons Attending Meeting:	
Information or Material to Be Distributed to Council:	<input type="checkbox"/> YES – Material is attached to this request. <input type="checkbox"/> YES – Material will be distributed at Council meeting. <input type="checkbox"/> NO – There is no material to be distributed.
Agenda Topic/Description:	
Comments:	

<b>THE REMAINDER OF THE FORM IS TO BE COMPLETED BY CITY PERSONNEL</b>	
Reason for Council Action:	
Type of Action:	<input type="checkbox"/> ORDINANCE – Number _____. <input type="checkbox"/> RESOLUTION – Number _____. <input type="checkbox"/> MOTION. <input type="checkbox"/> NONE.
Suggested Motion:	
Time Issues:	
Financial Issues:	
People/Business Issues:	
Dept. Supervisor Comments:	
City Manager Comments:	
City Attorney Comments:	