



TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, **including back up information, 8 days prior** to the requested meeting date. **Public Hearing requests must be submitted 20 days prior to requested meeting date to meet publication deadlines** (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

MEETING INFORMATION

Date Submitted: January 6, 2015
 Submitted by: Town Council Chair Nancy Harrington and Vice Chair Tom Mahon
 Department:
 Speakers:

Date of Meeting: January 22, 2015
 Time Required: 5 minutes
 Background Info. Supplied: Yes: No:

CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Appointment:	<input type="checkbox"/>	Recognition/Resignation/Retirement:	<input type="checkbox"/>
Public Hearing:	<input type="checkbox"/>	Old Business:	<input type="checkbox"/>
New Business:	<input checked="" type="checkbox"/>	Consent Agenda:	<input type="checkbox"/>
Nonpublic:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

TITLE OF ITEM

Committee Appointment

DESCRIPTION OF ITEM

The Town Council to consider appointing Lynn Christensen as a full member of the Zoning Board of Adjustment, pursuant to Charter Article 4-8.

REFERENCE (IF KNOWN)

RSA: _____ Warrant Article: _____
 Charter Article: 4-8 Town Meeting: _____
 Other: _____ N/A

EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Projector:	<input type="checkbox"/>	Grant Requirements:	<input type="checkbox"/>
Easel:	<input type="checkbox"/>	Joint Meeting:	<input type="checkbox"/>
Special Seating:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laptop:	<input type="checkbox"/>	None:	<input type="checkbox"/>

CONTACT INFORMATION

Name: Nancy Harrington Address: 6 Baboosic Lake Road
 Phone Number: _____ Email Address: nharrington@merrimacknh.gov

APPROVAL

Town Manager: Yes No: Chair/Vice Chair: Yes No:

Letter of Recommendation

Date: January 12, 2015

To: Merrimack Town Council

From: Council Chairman

Re: Board, Committee or Commission Appointment

Applicant's Name:	Board, Committee or Commission applied for:	Term of Office
<u>Lynn Christensen</u>	<u>Zoning Board of Adjustment</u>	<u>Full</u>

The following individuals conducted an interview on the above date:

Town Council Chairman Signature:	Please check (✓) one:	
	Recommended	Not Recommended
<u>Nancy M. Harrington</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:		

Town Council Vice Chairman Signature:	Recommended	Not Recommended
	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Town Council Rep. (Board, Committee, Commission) Signature:	Recommended	Not Recommended
	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Chairman (Board, Committee, Commission) Signature:	Recommended	Not Recommended
<u>Ivan L. Sweeney</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:		

Please be advised that the above applicant has been:

	Recommended	Not Recommended
<u>Nancy M. Harrington</u> Town Council Chairman Signature	<input checked="" type="checkbox"/>	<input type="checkbox"/>