



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: September 3, 2015

Date of Meeting: September 10, 2015

Submitted by: Town Council Chair Nancy Harrington and Vice Chair Tom Mahon

Department:

Time Required: 5 minutes

Speakers:

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 Appointments

DESCRIPTION OF ITEM

The Town Council to consider appointing the recommended individual to Town committees, 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: | <u>Nancy Harrington</u> | Address: | <u>6 Baboosic Lake Road</u> |
| Phone Number: | | Email Address: | <u>nharrington@merrimacknh.gov</u> |

APPROVAL

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