



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: April 14, 2020
Submitted by: Public Works Director Kyle Fox
Department:
Speakers: Kyle Fox

Date of Meeting: April 23, 2020
Time Required: 15 minutes
Background Info. Yes: No:
Supplied:

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 checked="" type="checkbox"/> |
| New Business: | <input type="checkbox"/> | Consent Agenda: | <input type="checkbox"/> |
| Nonpublic: | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

TITLE OF ITEM

Bedford Road Bridge Project Update

DESCRIPTION OF ITEM

Public Works Director Kyle Fox to provide the Town Council with an update on the status of the Bedford Road Bridge Project.

REFERENCE (IF KNOWN)

| | | |
|------------------|------------------|-------|
| RSA: | Warrant Article: | _____ |
| Charter Article: | 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>Kyle Fox</u> | Address | <u>6 Baboosic Lake Raod</u> |
| Phone Number | <u>424-5137</u> | Email Address | <u>kfox@merrimacknh.gov</u> |

APPROVAL

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

Hold for Meeting Date: _____