



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: 7/31/2020

Date of Meeting: 8/6/2020

Submitted by: Councilor Barbara Healey

Department:

Time Required:

Background Info.

Yes: No:

Speakers:

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

TITLE OF ITEM

National Purple Heart Day - August 7, 2020

DESCRIPTION OF ITEM

The Town Council to issue a proclamation designating August 7, 2020 as "Purple Heart Day"

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: Barbara Healey Address _____
 Phone Number _____ Email Address _____

APPROVAL

Town Manager: Yes No: Chair/Vice Chair: Yes No:
 Hold for Meeting Date: _____