



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: May 6, 2022
Submitted by: Bob Bergin
Department:
Speakers: Bob Bergin

Date of Meeting: June 9, 2022
Time Required: 20 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

“The Longest Day” 2022 Proclamation / 7th Annual NH Hot Dogz

DESCRIPTION OF ITEM

The Town Council to issue a proclamation designating June 30, 2022, as “The Longest Day” to promote efforts of raising funds and awareness for the care and support of those facing Alzheimer’s disease.

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: | Bob Bergin | Address | _____ |
| Phone Number | _____ | Email Address | oldbergin@gmail.com |

APPROVAL

| | | | |
|---------------|--|-------------------|--|
| Town Manager: | Yes <input checked="" type="checkbox"/> No: <input type="checkbox"/> | Chair/Vice Chair: | Yes <input checked="" type="checkbox"/> No: <input type="checkbox"/> |
|---------------|--|-------------------|--|