



# 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: 03-24-2016  
Submitted by: Capt. Peter Albert  
Department: Police  
Speakers: Chief Mark Doyle

Date of Meeting: 04-14-2016

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"/>
<b>Public Hearing:</b>	<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

Acceptance of \$250.00 in donations to the Police Department towards the Police Canine Unit.

## DESCRIPTION OF ITEM

Acceptance of a donation of \$250.00 to the Police Department's K-9 Unit from Mrs. Susan Flaherty of 6 Valleyview Drive in the name of her late husband, James Henry Flaherty III.

## REFERENCE (IF KNOWN)

RSA:	31:95-b	Warrant Article:	
Charter Article:	8-15	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>Capt. Peter Albert</u>	Address	<u>31 Baboosic Lake Rd. Merrimack, NH</u>
Phone Number	<u>420-1839</u>	Email Address	<u>palbert@merrimacknh.gov</u>

## APPROVAL

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