

City of Samson
16 E. Main St., Samson, AL 36477
Phone: 334-898-7541 – Fax: 334-898-2955

AGENDA REQUEST FORM

Name: _____

PLEASE PRINT

Address: _____

Phone #: _____

Subject Matter: _____



Desired Meeting Date: _____

() I can complete my presentation within a 5-minute time frame.

() I cannot complete my presentation within a 5-minute time frame. I am requesting _____ minutes to make my presentation.

1. The cut-off for persons to request to be on an Agenda is 12 Noon, the Monday immediately preceding the seven (7) day legal requirement for meeting notification.
2. To be placed on the Agenda, this Form must be completed.
3. You are required to disclose the subject matter you desire to discuss.
4. You are requesting to limit your presentation to 5-minutes unless otherwise approved by the Council at the meeting in which you are scheduled to speak.
5. Your request for a particular meeting date may not be approved for various reasons such as not meeting the deadline for request, overcrowded Agendas, etc. You will be scheduled for a meeting as close to the date you desire as possible.

Signature

Date

Approved for meeting date: _____

Official Use Only

Approved By