



REQUEST FOR LEGISLATIVE REFERRAL

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

DESCRIBE THE SPECIFICS OF YOUR REQUEST (Attach maps, photos, reports or other documents that may assist in describing the nature of the request):

OFFICE USE:

RECEIVED:

- ☐ Yes, meets the parameters of a Legislative Referral.
- ☐ Forwarded to Council Agenda _____
- ☐ No, doesn't meet the parameters of a Legislative Referral.
- ☐ Forwarded to City Manager _____