



Forest City
CITY OF FOREST CITY

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AGENDA REQUEST

DATE OF COUNCIL MEETING: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

TOPIC FOR AGENDA: _____

ADDITIONAL INFORMATION: _____

Please attach any supporting documentation which you would like the Council to see.

**This request is not a guarantee that your item will appear on the agenda.*

Signature

Date

Please email this request to administrator@forestcityia.com.