

**CITY OF CARTER LAKE
APPLICATION FOR CITY COUNCIL AGENDA**

Name: _____

Address: _____

Phone: _____

Meeting Date Requested: _____

Mail request to:
City Clerk
950 East Locust Street
Carter Lake, IA 51510

Or Fax to: 712-347-5454

Or Email to:
jackie.carl@carterlake-ia.gov

Agenda Item Request (please give a detailed description of the request):

Please submit any supporting documents with this application.

City Council Meetings are held the first and third Monday of each month. The City Clerk must receive agenda requests by 12:00 PM on the Wednesday prior to the meeting.

Signature: _____ **Date:** _____

For Office Use Only:

Date received in Clerk's office: _____

Received by: _____