



# Agenda Request Form

Date: \_\_\_\_\_

Requested Meeting Date: \_\_\_\_\_ \*Note: Meetings are held the first Saturday of the month

## Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Item Request is For: (Check Only One)**

\_\_\_\_\_ Information Only    \_\_\_\_\_ Action Item    \_\_\_\_\_ Discussion/Action

\_\_\_\_\_ Report    \_\_\_\_\_ Other: \_\_\_\_\_

### **Brief description of topic to be discussed:**

**Please attach one original of any documents pertaining to the topic –**

**Please provide at least 40 copies of any handouts at the meeting**

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Signature: \_\_\_\_\_

If Mailing Please send to:    Flint Neighborhoods United  
P.O. Box 375  
Flint, MI 48501