AGENDA #_____

AGENDA ITEM DESCRIPTION
CITY COMMISSION
WEST FARGO, NORTH DAKOTA

***__PLEASE NOTE:__ The following information must be completed and submitted to the West Fargo City Auditor's Office by the Thursday noon preceding the City Commission meeting. Failure to comply may result in no action being taken on your request.

1. CONTACT PERSON: _____

2. PHONE NUMBER: _____ DATE: _____

3. PLEASE BRIEFLY DESCRIBE YOUR REQUEST:

4. SITE ADDRESS OR LEGAL DESCRIPTION (if applicable):

5. ACTION BEING REQUESTED FROM CITY COMMISSION:

Either click above to email your agenda item directly to the City Auditor's office or click on the print button and mail the form to: West Fargo City Hall or fax it to : 701-433-5319
800 4th Avenue East Ste1
West Fargo, ND 58078