

City of Flagler Beach

Agenda Application

INDIVIDUAL'S NAME: _____

BUSINESS NAME: _____

(If Applicable)

STREET ADDRESS: _____

(If within City of Flagler Beach)

MAILING ADDRESS: _____

(Please provide City & Zip Code)

PHONE NUMBER: _____

SUBJECT MATTER TO BE DISCUSSED WITH THE COMMISSION:

(This is the wording you would like on the agenda)

BACKGROUND INFORMATION REGARDING THE SUBJECT:

(OVER)

City of Flagler Beach

Agenda Application Continued

REQUESTED ACTION SOUGHT FROM THE COMMISSION:

ATTACHMENTS: _____

Please note the City Commission’s Rules of Procedures require all supporting documents to be provided at the time the agenda application is submitted. Please refrain from handing out material at the Commission Meetings.

The maximum time allowed for each request is 10 minutes.

SIGNATURE OF APPLICANT

DATE