



**CITY OF FRANKSTON**

240 W. Main  
PO Box 186  
Frankston, TX 75763  
(903) 876-2241  
FAX: (903) 876-3837

**AGENDA ITEM REQUEST FORM**

**Complete Submissions Required:**

Any item, to be considered for action by the City Council, must be presented on this form, along with any unprivileged documentation and must be filed and complete to have an item placed on the City Council Agenda for consideration (this process is not required for members of the governing body, but it is encouraged). Before being considered filed for placement on the agenda, a summary of the item, all supporting documentation and review of the item from each City Department must be performed for the request to be complete. If the request is from a citizen, the City shall expedite review through internal means. Request forms must be complete and received by the City Secretary's office no later than 4:00 p.m. on the Wednesday of the week prior to the Regular Council meeting to be placed on that meeting's agenda. The item may be placed on workshop or special council meeting agenda if deemed appropriate by the City. Only completed request forms are considered for placement on the agenda.

Regular Council meetings are held on the second Tuesday of the month at 6:30 p.m. in the Council Chambers at City Hall.

Requestor: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
PRINTED NAME and/or CITY DEPARTMENT

Citizen                       City Department                       Council Member

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

Preferred Contact:     Cell \_\_\_\_\_     Work Phone \_\_\_\_\_  
                                  E-mail \_\_\_\_\_                       Fax \_\_\_\_\_

I respectfully request the below item be placed on the \_\_\_\_\_ Agenda for City Council consideration.

1. Describe Item to be considered and area of City involved, if any: \_\_\_\_\_  
\_\_\_\_\_

2. Executive Summary of Item and action by council sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you need time to present this item?     Yes  No    If so, how much? \_\_\_\_\_

ADMIN/OFFICIAL USE ONLY:

Consent Item: Yes No

Any Prior City Council Action: Yes No

Deadline for City Council Action: \_\_\_\_\_

Projected Future City Council Action: \_\_\_\_\_

Fiscal Impact: \_\_\_\_\_  
\_\_\_\_\_

Staff Recommendation on this requested item:

|                      |  |               |  |
|----------------------|--|---------------|--|
| Mayor's Office       | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Na | Utility Dept. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Na |
| Police Dept.         | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Na | Street Dept.  | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Na |
| City Secretary Dept. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Na | Fire Dept.    | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Na |

Staff Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Time necessary for Item: \_\_\_\_\_

TRACKING:

Received by City Secretary: \_\_\_\_\_ Staff Initial

Administratively Complete: \_\_\_\_\_ Staff Initial

Date of Agenda placed for consideration: \_\_\_\_\_ Staff Initial

Council action taken: \_\_\_\_\_ on \_\_\_\_\_

Yes No Na

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – City Secretary's Office