



**TOWN OF OCEAN CITY MAYOR AND COUNCIL**

**AGENDA ITEM REQUEST FORM**

**Please mail completed form to:**

**City Manager's Office  
Town of Ocean City  
P.O. Box 158  
Ocean City, MD 21843-0158**

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

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

**Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

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

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Item(s) to be considered:**

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

**Pertinent facts concerning item(s):**

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

**(Please attach applicable documents)**

**Desired action by Mayor and Council: (Use reverse side for additional space)**

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

**Signed by:** \_\_\_\_\_