



**JAMESTOWN SANITARY DISTRICT  
AGENDA REQUEST FORM**

Requestor: \_\_\_\_\_  
Print Name Date

\_\_\_\_\_ Service Address or Account Number Contact Number

Date of Board Meeting: \_\_\_\_\_

Section to Place on Agenda: \_\_ Action \_\_ Discussion

Confidential? \_\_ Yes \_\_ No

Title of Item: \_\_\_\_\_

Summary/Brief Description of Item:

Recommendation/Action Needed:

*Request is due to the Jamestown Sanitary District Secretary by 9:00 a.m. Monday, one week prior to the Board meeting.*

Signature of Originator: \_\_\_\_\_  
Signature Date

Acknowledgement of Request: \_\_\_\_\_  
Signature Date