



**CITY OF VICTOR**  
**P. O. Box 86, Victor, CO 80860**  
**719-689-2284**

Date of Request: \_\_\_\_\_ Date of Meeting Requested: \_\_\_\_\_

Amount of Time Needed: \_\_\_\_\_

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

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

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

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

TOPIC OF DISCUSSION:

I understand that it is important to attend the meeting when it is scheduled and that if I do not attend the meeting, the issue may NOT be discussed. I understand the City Administrator or City Clerk may contact me to help determine the potential for the issue to be addressed administratively or may determine whether the issue will be placed on a regular Council Agenda or discussed in a Council Work Session. I also understand the Mayor may limit the amount of time the item is discussed to ten (10) minutes.

Signed: \_\_\_\_\_

**ATTACH ALL DOCUMENTS YOU WISH COUNCIL TO REVIEW PRIOR TO THE MEETING. IF YOU PLAN TO BRING DOCUMENTS TO THE MEETING, YOU WILL NEED TO PROVIDE SEVEN (7) COPIES.**

\_\_\_\_\_ *For Staff Use Only* \_\_\_\_\_

Approved by: \_\_\_\_\_ For Agenda Date: \_\_\_\_\_

Time Scheduled: Work Session \_\_\_\_\_ Council Meeting \_\_\_\_\_