

CITY OF EAST HELENA
306 E MAIN ST / PO BOX 1170
EAST HELENA, MT 59635
(406) 227-5321

ORIGINAL COUNCIL MEETING DATE:

Agenda item:

From:

Initiated by City: YES NO (check one)

Department:

Presented by:

Action requested:

PLEASE PROVIDE A NARRATIVE BACKGROUND OF THE PROPOSED AGENDA ITEM:

Attachments: YES NO (check one)

Date submitted:

RECOMMENDATIONS:

Approve for agenda:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Initial: _____
Referred to Dept. Head for resolution:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Referred to _____ :	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Agenda requests must be submitted to East Helena City Hall by noon the Wednesday prior to the Tuesday council meeting.