

**CITY OF SANTA MARIA**  
**REQUEST FOR PLACEMENT OF ITEM ON CITY COUNCIL AGENDA**

Date of this request \_\_\_\_\_

Thank you for your interest in communicating with the City Council. The City Council meets the first and third Tuesday of each month. Please complete this form to request that an item be placed on the City Council's Agenda. It must be fully completed and returned to the City Manager's Office to be considered. The placement and timing of the requested item on the City Council's Agenda will be determined by the City Manager, after consultation with the Mayor, and based upon 1) the amount of preparation and research needed for presentation to the City Council; 2) its relevance to the direct operation and financial input to the City; and 3) past practice and the desired action taken.

Should you be interested in verbally communicating with City Council, you may also appear and request to speak during the City Council's Public Comment period of their meeting. If that is your desire, it is not necessary to complete this form.

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Date on which you are requesting the item be considered by the City Council: \_\_\_\_\_

Has this issue been previously considered by the City Council? Yes \_\_\_\_\_ No \_\_\_\_\_

If known, date it was last considered by the City Council: \_\_\_\_\_

Brief Title of Issue: \_\_\_\_\_

Brief Description/Summary of Issue: \_\_\_\_\_

What specific decision or action are you requesting the City Council take on this issue? \_\_\_\_\_

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Approximately how long do you expect it will take for the City Council to consider this item? \_\_\_\_\_

Has this issue been previously discussed with or considered by City staff? If so, which department(s) or commission(s)?

Finance _____	Comm. Development _____	Planning Commission _____
City Attorney _____	Landmark Committee _____	Public Works/Utilities _____
City Manager _____	Library _____	Rec/Pks Commission _____
Police/Fire _____	Library Board _____	Rec & Parks _____

Staff person with whom you discussed this issue: \_\_\_\_\_

Approximate date of discussion with staff: \_\_\_\_\_

Name, address, and phone number of the person completing this form, or person to be contacted by City staff for questions or more information:

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE NUMBER

\_\_\_\_\_  
WORK TELEPHONE NUMBER

ATTACH TO THIS REQUEST ANY ADDITIONAL INFORMATION YOU WISH TO SUBMIT.