

CITY OF AUBURN  
**REQUEST FOR COUNCIL ACTION**

<b>Requested Date of Council Consideration:</b>	<b>Originating Department:</b>
<b>Flexibility:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Agenda Item:</b>	<b>Presenter:</b>
	<b>Estimated Time:</b> <input type="checkbox"/> Consent Agenda <input type="checkbox"/> 5 Min. <input type="checkbox"/> 15 Min. <input type="checkbox"/> 30 Min. <input type="checkbox"/> 45 Min. <input type="checkbox"/> 1 Hour
<b>Council Action Requested:</b> <input type="checkbox"/> Information/Review <input type="checkbox"/> Motion to approve... <input type="checkbox"/> Motion to deny... <input type="checkbox"/> Other <input type="checkbox"/> Budget Change (Please word the motion below as you would like it to appear in the minutes.)	
<b>Background: (Attach additional pages if needed)</b>	
<b>Supporting Documents:</b> <input type="checkbox"/> Attached <input type="checkbox"/> None	
<b>Department Head Signature/Date:</b>	
<b>Clerk/Treasurer Signature/Date:</b>	
<b>ACTION TAKEN</b> <input type="checkbox"/> Approved as Requested <input type="checkbox"/> Denied <input type="checkbox"/> Tabled <input type="checkbox"/> Accepted Report <input type="checkbox"/> Other	
<b>Date of Action:</b> _____	
<b>Comments:</b>	
<b>Administrator's Signature/Date:</b>	