

# City of Cascade

320 1<sup>st</sup> Avenue W

PO Box 400

Cascade IA 52033

563.852.3114

## AGENDA REQUEST

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

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

Contact Number: \_\_\_\_\_

Council Meeting Date: \_\_\_\_\_

(Return form by Noon Wednesday preceding Council Meeting)

Topic of Discussion: \_\_\_\_\_

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Supporting Information: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_