



**CITY COUNCIL MEETING
AGENDA REQUEST FORM**

COUNCIL MEETING DATE: _____

SUBJECT/REASON FOR AGENDA ITEM:

Noise Ordinance Waiver Temporarily Alcohol Permit Waiver
Open Container Law Waiver Usage of Park Street Closure
Parking Mall Closure Other: _____

**Please specify date, time, place, organizer and reason of the event.
For other requests please be specific about the reason to be on the agenda.**

REQUESTED BY:

NAME _____

ADDRESS: _____

PHONE # _____ CELL PHONE: _____

EMAIL: _____

Please note that the Hammond City Council meets the First and Third Tuesday of the Month at 5:30pm on 312 E. Charles St. Hammond- LA 70401.

All Requests have to be submitted to the City Council Clerk by the Wednesday prior of the meeting no later than 4:30 pm

All requests can be submitted electronically to the following email: kirylo_aa@hammond.org or by Fax: 985-277-5611.

If you have any questions please call 985-277-5610

BELOW TO BE FILLED OUT BY COUNCIL CLERK

DATE RECEIVE _____ TIME RECEIVED: _____

COUNCIL CLERK: Anette Kirylo

APPROVED: _____(YES) _____(NO)

REMARKS: