

Town of Daysland Request for Action/Decision Form

Request Title	
Originated By:	Date Requested:
Request:	
Action Required:	
<input type="checkbox"/> Council Agenda Item	<input type="checkbox"/> Council meeting delegation
<input type="checkbox"/> Administration Follow-up	<input type="checkbox"/> Publish at town website/newsletter
<input type="checkbox"/> Other Action (Please specify)	

***Public or councillors can use this form to request action from the town office.**