SANDPOINT CITY COUNCIL AGENDA REQUEST FORM

Today's date: 10 / 2 /2024

Date of meeting 11 / 6 /2024

(City Council meetings are held the 1st and 3rd Wednesday of each month.)

Name of Citizen, Organization, Elected Official, or Department Pam Duquette/City Councilor	
Address: Sandpoint City Hall	
Phone number and email address:	
Authorized by: P Con L. 10 Cos 15 Cos	official's signature
*Subject: Presentation by Tami Haggerty Waste Management Recycl	
Summary of what is being requested:	
Opportunity for clarification of what is currently recyclable for resident	s in Sandpoint
The following information MUST be completed before submitting	your request to the City Clerk:
1. Would there be any financial impact to the city? Yes or No	
If yes, in what way?	
Name(s) of any individual(s) or group(s) that will be directly affected by this action:	Have they been contacted? Yes or No
Sandpoint residents information only to help with	n/a
confusion of what is recyclable and why	
Is there a need for a general public information or public invo lf yes, please specify and suggest a method to accomplish the	
4. Is an enforcement plan needed? Yes or No Additional fu	ınds needed? Yes or No
5. Have all the affected departments been informed about this a	agenda item? Yes or No
This form must be submitted no later than 6 working days meeting. All pertinent paperwork to be distributed to City C	
ITEMS WILL NOT BE AGENDIZED WITHOU	JT THIS FORM
*City Staff, please check one box: Consent Old Business	New Business ✓ Other/Unknown