

SANDPOINT CITY COUNCIL AGENDA REQUEST FORM

Today's date: 7 / 8 / 24

Date of meeting 7 / 17 / 24

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

Name of Citizen, Organization, Elected Official, or Department Head making request:

Sarah Lynds, Finance Director

Address: 1123 Lake St, Sandpoint, ID 83864

Phone number and email address: (208) 263-3557; slynds@sandpointidaho.gov

Authorized by: Sarah Lynds, Finance Director

name of City official

City official's signature

(Department Heads, City Council members, and the Mayor are City officials.)

*Subject: Annual review of City Fees and proposed changes

Summary of what is being requested: To set the public hearing for those fees that are NEW or increasing more than 5%. To adopt these fees and the fees that are increasing less than 5%.

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? Fee adjustments support the increases of providing services to the community of Sandpoint.

2. Name(s) of any individual(s) or group(s) that will be directly affected by this action:

Have they been contacted?
Yes or No

3. Is there a need for a general public information or public involvement plan? **Yes or No**
If yes, please specify and suggest a method to accomplish the plan: ☐ ☒

4. Is an enforcement plan needed? **Yes or No** ☐ ☒ Additional funds needed? **Yes or No** ☐ ☒

5. Have all the affected departments been informed about this agenda item? **Yes or No** ☒ ☐

This form must be submitted no later than 6 working days prior to the scheduled meeting. All pertinent paperwork to be distributed to City Council must be attached.

ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM

***City Staff, please check one box:** Consent ☐ Old Business ☐ New Business ☒ Other/Unknown ☐