

SANDPOINT CITY COUNCIL AGENDA REQUEST FORM

Today's date: 7 / 8 / 24

Date of meeting 7 / 17 / 24

(City Council meetings are held the 1<sup>st</sup> and 3<sup>rd</sup> 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