Wattsville Water Authority

# AGENDA REQUEST FORM:

**All request must be made to the Office Manager by noon 7 days prior to the regular schedule Board Meeting.**

**NAME: _____ DATE: _____**

**ADDRESS: _____**

**PHONE #: _____ SECONDARY #: _____**

**EMAIL: _____**

**PERFERRED CONTACT METHOD: PHONE _____ EMAIL _____**

**AGENDA REASON REQUESTED: (PLEASE PROVIDE A COPY OF ANY INFORMATION THAT WILL NEED TO BE PRESENTED TO THE BOARD)**

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**FOR OFFICE USE ONLY:**

**DATE RECEIVED: _____ TIME: _____ RECEIVED BY: _____**

**DATE SCHEDULED FOR AGENDA: _____**

**CONFIRMATION: SPOKE TO _____ DATE: _____ TIME: _____**