

For Staff Use Only:  
\_\_SPECIAL APPEARANCE  
\_\_SPECIAL PRESENTATION

**COCOA BEACH CITY COMMISSION**

**AGENDA ITEM REQUEST FORM**

**Please mail completed form to:**

City Manager's Office  
City of Cocoa Beach  
P.O. Box 322430  
Cocoa Beach, Florida 32932-22430

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

ITEMS(S) TO BE CONSIDERED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERTINENT FACTS CONCERNING ITEMS(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(PLEASE ATTACH APPLICABLE DOCUMENTS)**

**DESIRED ACTION BY COMMISSION: (USE REVERSE SIDE FOR ADDITIONAL SPACE)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed by:** \_\_\_\_\_