

**REQUEST TO BE PLACED ON
CITY OF OXFORD AGENDA**

Please print or type.

**Please submit one week
prior to requested date.**

**TO: Lauran S. Willis
 City Clerk**

**% City of Oxford
110 West Clark Street
Oxford, GA 30054
(770) 786-7004**

**FROM: _____
TITLE/AFFILIATION: _____
ADDRESS _____**

AGENDA DATE CONFIRMATION: _____

**LIST AGENDA ITEMS FOR DISCUSSION WITH MOST IMPORTANT
ITEM AS #1:**

WHAT IS THE DESIRED OUTCOME/RESULT FROM THE COUNCIL?

