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**TOWN OF KINDER  
AGENDA REQUEST FORM**

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Date: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Item request will be for: (Please check one)

- Information Only                       Action Item                       Discussion/Action  
 Public Hearing                       Report  
 Other (Please specify) \_\_\_\_\_

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Brief description of topic to be discussed:

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(Please attach any documents pertaining to the topic to be discussed)

Please return to:

Email: [traci.fontenot@townofkinder.com](mailto:traci.fontenot@townofkinder.com)  
Fax: (337) 738-5681  
Mail: P.O. Box 947, Kinder, LA 70648

\*Requests must be submitted no later than one week before the meeting date.