
**TOWN OF KINDER
AGENDA REQUEST FORM**

Date: _____

Date of meeting: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Item request will be for: (Please check one)

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

Brief description of topic to be discussed:

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

Please return to:

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