

CITY OF CLEVER  
PO BOX 52  
304 S. CLARKE  
CLEVER, MO 65631  
417-743-2544  
417-743-0025 FAX

**REQUEST TO BE ON AGENDA FOR CITY COUNCIL OR PLANNING & ZONING**

DATE OF MEETING: \_\_\_\_\_

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

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

CONTACT PHONE# \_\_\_\_\_

REASON FOR BEING ON AGENDA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
CITY CLERK SIGNATURE

All requests must be submitted in **writing** to the City Clerk one (1) week prior to the regularly scheduled meeting.