

# NORTHFIELD TOWNSHIP MICHIGAN - Agenda Item Request Form



Is there a Project Deadline:  Yes  No When? \_\_\_\_\_

If you need assistance with this form, please contact the Township Office (734) 449-2880

Forms must be complete with supporting documents and received by the Township no later than 4:30p.m. on the Tuesday prior to a Regular Board meeting to be considered for placement on the next meeting's agenda. Items may be placed on a workshop or special board meeting if deemed appropriate by the Township Supervisor. Regular meetings are on the 2nd & 4th Tuesday at 7:00 p.m. [Only request forms with appropriate and complete supporting background or documentation will be considered for the agendas.](#)

Requestor: \_\_\_\_\_ Residence/Business Address: \_\_\_\_\_

Phone \_\_\_\_\_ text?  Yes  No | E-mail: \_\_\_\_\_

Are you a:  Resident  Business  Other \_\_\_\_\_

1. Item to be Considered: \_\_\_\_\_

2. Description/Background: \_\_\_\_\_

3. Supporting Docs: \_\_\_\_\_

4. Acton Being Requested:  Consideration  Adoption  Discussion  Other \_\_\_\_\_

5. Will you present this item?  Yes  No | Has the Board acted previously?  Yes  No When? \_\_\_\_\_

6. Has this item been addressed with the Township Staff?  Yes  No When? \_\_\_\_\_

7. Has this item been addressed with the Township Manager?  Yes  No When? \_\_\_\_\_

8. Is there a Fiscal Impact?  Yes  No *(fill in information if known)* Were other options reviewed or bid?  Yes  No

Amount	Fund	Line Item	Budgeted	Option B: _____	Option C: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	comment: _____	comment: _____
<p><b>* If no other options were considered explain in the comments below.</b></p>				_____	_____

9. Comments: \_\_\_\_\_

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

Supervisor \_\_\_\_\_  
 Yes  No  n/a  
 \_\_\_\_\_  
 \_\_\_\_\_  
 For Official Township Use Only

Manager \_\_\_\_\_  
 Yes  No  n/a  
 \_\_\_\_\_  
 \_\_\_\_\_  
 For Official Township Use Only

Planner \_\_\_\_\_  
 Yes  No  n/a  
 \_\_\_\_\_  
 \_\_\_\_\_  
 For Official Township Use Only

Attorney \_\_\_\_\_  
 Yes  No  n/a  
 \_\_\_\_\_  
 \_\_\_\_\_  
 For Official Township Use Only

Public Safety \_\_\_\_\_  
 Yes  No  n/a  
 \_\_\_\_\_  
 \_\_\_\_\_  
 For Official Township Use Only

Please drop off or submit completed forms and documentation to: [dignank@northfieldmi.gov](mailto:dignank@northfieldmi.gov) or the Township Manager