



THE CITY OF

BELLE PLAINE

## CITIZEN REQUEST FOR MEETING NOTIFICATION

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

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

\_\_\_\_\_

PHONE: \_\_\_\_\_

How would you like to be notified? (check only one)

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

U. S. Mail: \_\_\_\_\_

You will be notified by means selected above for all meetings  
of the City of Belle Plaine.

Notification request expires on December 31 of the current year. You must  
complete a new notification form for each fiscal year. (K.S.A. 75-4318)

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

Expires 12/31/19