

# CITY OF WISNER



1111 Ave E  
PO Box 367  
Wisner NE 68791

Telephone: 402-529-6616  
After Office hours: 888-529-6616  
Fax: 402-529-6425  
Email: [citywisner@cablone.net](mailto:citywisner@cablone.net)

## **REQUEST FOR FUTURE AGENDA ITEM**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Request \_\_\_\_\_, 20\_\_\_\_.

Description of Requested Topic:

---

---

---

---

\_\_\_\_\_  
(Requestor Signature) (Date)

*The item will be reviewed and possibly scheduled for a future City of Wisner Council meeting  
or forwarded to City of Wisner staff for separate action.*

### **For Office Use Only**

Action Taken:

---

---

---

---

- Placed on Agenda for the \_\_\_\_/\_\_\_\_/\_\_\_\_ City Council meeting.
- City Staff Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

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