

North Clackamas Parks and Recreation District Request Form

Individual/Organization C	ontact Information			
Name:				
Are you representing an organization? Yes No If yes, which organization				
Address:				
Phone Number: Email:				
Are you a member of the DAC? Yes No Date Submitted:				
Brief statement describing	nature of the request.			
Narrative detailing any info as necessary.	ormation to support and/	or explain y	our request. Us	se additional attachments
What type of request is this: Internal Request - Request for NCPRD staff Public Request - Agenda Item to discuss with the DAC				
Contact Information of pe	rson(s) who will appear a	t the DAC m	eeting to speak	on behalf of this request
Name	Address	Pł	none Number	Email
Presentations to appear or	 1 the agenda are generall	y limited to	no more than 1	<u> </u>
Will a PowerPoint presentation	, ,			e DAC meeting.
The North Clackamas Park Wednesday of each month City, OR 97045, or emailed	at 5:30 p.m. Forms may	be mailed to	NCPRD 150 Be	eavercreek Road Oregon
Requests are accepted and considered at the next ava been placed on the DAC m	ilable agenda-setting med		•	·
	For Offic	e Use Only		
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