



City of Norwood Request for Ordinance, Resolution, Amendment, or Repeal

Date of Request: _____ Date Needed: _____

*****(Request(s) should be submitted by the Wednesday, at noon, before date needed for Council, earlier if possible.)**

Name: _____

(Name of person(s) requesting document, amendment, or repeal / Department / E-Mail / Telephone)

Document Needed: Ordinance Resolution Amendment Repeal

Executive Summary of document needed:

*****(If an amendment or repeal request, list existing Ordinance Number(s)/Section(s) of Ordinance to be amended or repealed, etc. (or attach documents and/or copies as appropriate)**

Check if emergency clause or suspension of rules for all three readings is needed (explain):

Special Notes/Instructions:
