



TOWN OF CANTON

FOUR MARKET STREET

P.O. BOX 168

COLLINSVILLE, CONNECTICUT 06022-0168

OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

BOARD OF SELECTMEN MEETING AGENDA SUBMISSION FORM

Title of Submission:

Date of Submission:

Date of Board Meeting:

Individual or Entity making the submission:

1. **Action requested of the Board of Selectmen (Acceptance of gift, approval to submit grant application, approval of contract, information only, etc. Be as specific as possible with respect to the desired action of the Board.):**

The Individual or Entity making the submission requests that the Board of Selectmen:

2. **Individual(s) responsible for submission (Please include complete contact information. If requested, the identified individual(s) should be prepared to present information to the Board of Selectmen at the Board Meeting.)**

3. *Summary of Submission* (Include in your summary (i) relevant dates and timelines; (ii) parties involved; (iii) a description of financial terms and conditions specifically identifying the financial exposure/commitment of the Town of Canton; (iv) other information that will inform the Board of Selectmen's consideration of your submission. Include any additional information in an attached memorandum.)

4. *Description of documents included with submission* (All documents must be in final form and signed by the appropriate party.):

The following documents are included with this submission and attached hereto: