



## 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**\*\*\*(If an amendment or repeal request, list existing Ordinance Number(s)/Section(s) of Ordinance to be amended or repealed, etc.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)**

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

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Special Notes/Instructions:

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