

Town of Three Rivers Council REQUEST FOR DECISION

PLEASE COMPLETE SECTION 1 ONLY

SECTION 1	Request No:
Date (date of request)	Title of Request
Person making request (your name)	Representing (your title or role)
Background (explain background of this request – attach relevant documents)	
Communications/Key Messages	
Request: (clearly state the action Council is being asked to take)	

SECTION 2 - FOR OFFICE USE ONLY

Advantages	Disadvantages
Required Resources	
Staff Comments	
CAO Review/Comments	