



CITY OF CHESTER

AGENDA ITEM REQUEST FORM

Name of Person/Organization Request: [Click or tap here to enter text.](#)

Address and Telephone Number: [Click or tap here to enter text.](#)

Date of Request: [Click or tap here to enter text.](#)

Date of Meeting: [Click or tap here to enter text.](#)

Return by Noon: [Click or tap here to enter text.](#)

(Council Meets on the last Monday of each Month at 6:30 p.m. All agenda request forms must be submitted to Sylvia Young, City of Chester, 100 West End Street, Chester, SC 29706, or email to syoung@chester.sc.gov by noon, Thursday prior to the Council Meeting.)

TYPE OF REQUEST

(Check only one.)

Petition ☐

Report/Discussion ☐

Policy ☐

Executive Session ☐

Subject Matter: [Click or tap here to enter text.](#)

Attachments: Yes ☐ No ☐

Signature: _____

*All agenda request forms must be submitted to Sylvia Young, City of Chester, 100 West End Street
Chester, SC 29706, or email to syoung@chester.sc.gov by 12 noon,
Thursday prior to the Council Meeting.*