



41 S Columbus Ave  
Littlestown, Pa 17340  
Phone (717) 359-5101  
Fax (717) 359-8441  
Email: [Secretary@littlestownboro.org](mailto:Secretary@littlestownboro.org)

**THE BOROUGH OF LITTLESTOWN**

**AGENDA REQUEST FORM FOR COUNCIL MEETING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Meeting Date: \_\_\_\_\_

**Requested Topic**

(please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meetings are held every second and fourth Tuesday of each month at 6:30pm. The request form must be submitted one week before the requested meeting date.

Please submit these forms by email, fax or drop off during business hours. You will be contacted by phone or email when your topic is reviewed and placed on the agenda.