



**CITY OF WALLIS  
AGENDA REQUEST FORM  
INDIVIDUAL/BUSINESS**

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

Date of Meeting: \_\_\_\_\_

Name of Individual \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Brief description of topic to be discussed:  
Please attach one original of any documents pertaining to the topic-  
We do not allow handouts at the meeting**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by(PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_

Please return to: City of Wallis  
Attn: City Secretary  
P. O. Box 190  
Wallis, TX 77485

Phone: (979) 478-6712

Fax (979) 478-7537

E-mail – [cityclerk@wallistexas.org](mailto:cityclerk@wallistexas.org)