

**CITY OF COHASSET REQUEST  
FOR CITY MEETING AGENDAS/  
MINUTES/PACKETS**

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PLEASE PRINT

**Name:**

\_\_\_\_\_

**Mailing Address:**

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

**E-mail address:**

\_\_\_\_\_

**Please choose how you want your information sent:**

US Mail    E-mail

**Information you wish to receive:**

**City Council Agendas ONLY:**

	<u>AGENDAS</u>	<u>MINUTES</u>	<u>PACKETS</u>
<b>City Council</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic Development</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Authority Public Utilities Board</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Planning Commission</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SIGNATURE** \_\_\_\_\_

**DATE**

**VALID FOR ONE YEAR**

Forms can be turned into the City Office or emailed to [emmap@cohasset-mn.com](mailto:emmap@cohasset-mn.com)