UAC Work Plan Request Form

Date: _____ **UAC Member Name**: _____

Title of Request: _____

Brief Description of Request:

UAC's Role or Deliverable:

☐ UAC Recommendation to Council
☐ Briefing/Update

Utility:

☐ Drinking Water ☐ Wastewater ☐ Storm and Surface Water ☐ Waste ReSources

Amount of time on UAC agenda (30, 60, 90 minutes etc):_____

Budget Implications? ☐ Yes ☐ No ☐ Don't know