



Town of Twisp

118 S. Glover Street • Box 278 • Twisp, WA 98856 • 509-997-4081 • 509-997-9204

REQUEST FOR PRESENTATION AT COUNCIL

Organization Name & Contact:

Contact Address:

Contact Phone:

Contact Email Address:

Presentation Description:

Are there any specific requests requiring Town involvement or participation in your presentation. If yes, please explain below:

A representative of the Town of Twisp will contact you to discuss whether a presentation has been approved and if applicable, discuss a date for the presentation.

Mayor (Required)

Approved _____

Not Approved _____