

CITY OF CHARLESTON
Request for City Manager's Signature

Date _____

Department requesting signature _____

Phone number and extension _____

Document Name _____

Document Explanation _____

Is City Council Action Required? YES _____ NO _____

If not, explain why _____

Has the document been reviewed by the City Attorney? YES _____ NO _____

If not, explain why _____

Is this document time sensitive? YES _____ NO _____

Signature of Department Head