CITY OF PARKER
AGENDA ITEM SUMMARY

1. *DEPARTMENT MAKING REQUEST/NAME OF PRESENTER:*	2. *MEETING DATE:*
Chairman Rega	**10.8.24**

3. ***PURPOSE:***

Annual Comp Plan Review

4. ***IS THIS ITEM BUDGETED (IF APPLICABLE)***

YES ☐ NO ☐ N/A X

AGENDA ITEM # 2