CITY OF PARKER
AGENDA ITEM SUMMARY

1. *DEPARTMENT MAKING REQUEST/NAME OF PRESENTER:*	2. *MEETING DATE:*
Chairman Rega	12.10.24

3. ***PURPOSE:***

Comp Plan Review

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

YES ☐ **NO** ☐ **N/A X**

Comp plan review

AGENDA ITEM # 6