AGENDA RESERVATION REQUEST

City Council

Please type or print

Date Submitte	e d: 05/	05/27/2021		Meeting Date:		06/07/2021
Contact Information:						
Requested by	: Ch	Chief Kirby Cochran				
On Behalf of Organization or Individual:			Police Department			
Telephone:	317	317-346-1101				
Email address	s: kcc	kcochran@franklin.in.gov				
Mailing Addre	ss: 280	2801 N Morton Street, Franklin, IN 46131				
Describe Request:						
Swearing in of new Officer, John D Hale						
List Supporting Documentation Provided:						
Chief Cochran will bring the Oath of Office.						
Who will present the request?						
Name: Chief	Kirby Co	chran	Telep	ohone:	317-346	6-1101