



Elkins City Code Amendment Request

Thank you for your interest in helping to further strengthen and improve the laws of the City of Elkins. Please answer the following questions about your proposed change. You may attach additional pages or copy and paste these questions into an email.

Your name: _____

Email address: _____

Phone: _____

Title or subject area of your proposed change:

What is the problem you are trying to solve? Please give specific examples of this problem from your own experience, if possible.

Who is affected by this problem? (Specific individuals? A category of people? Etc.)

In your own words, briefly explain the goal of your proposed change.

Can you think of any downsides to this change? Would it negatively affect anyone?

Please supply the names and contact information for at least three registered city voters who support this change and would be willing to attend committee or council meetings and/or receive questions from city staff or elected officials by phone or email.

Name: _____

Address: _____

Email: _____

Phone: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Return form or direct questions to:

City Clerk

401 Davis Ave

Elkins, West Virginia 26241

304-636-1414, ext. 1211 (office)

suttonstokes@cityofelkinswv.com