

CITY COUNCIL

#178-23

CITY OF NEWTON

DOCKET REQUEST FORM

RECEIVED

2023 MAY - 1 AM 10:20

DEADLINE NOTICE: Council Rules require items to be docketed with the Clerk of the Council NO LATER THAN 7:45 P.M. ON THE MONDAY PRIOR TO A FULL COUNCIL MEETING.

To: Clerk of the City Council

Date: 05/01/23 CITY CLERK MA. 02459

From (Docketer): President Susan Albright

Address: _____

Phone: _____ E-mail: _____

Additional sponsors: _____

1. Please docket the following item (it will be edited for length if necessary):

PRESIDENT ALBRIGHT reappointing MaryLee Belleville, 136 Warren St, Newton Centre as a member of the Dogs Off-Leash Advisory Committee for a term of office to expire on December 31, 2023.

2. The purpose and intended outcome of this item is:

- | | |
|--|--|
| <input type="checkbox"/> Fact-finding & discussion | <input type="checkbox"/> Ordinance change |
| <input type="checkbox"/> Appropriation, transfer, | <input type="checkbox"/> Resolution |
| <input type="checkbox"/> Expenditure, or bond authorization | <input type="checkbox"/> License or renewal |
| <input type="checkbox"/> Special permit, site plan approval, | <input checked="" type="checkbox"/> Appointment confirmation |
| <input type="checkbox"/> Zone change (public hearing required) | <input type="checkbox"/> Other: _____ |

3. I recommend that this item be assigned to the following committees:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Programs & Services | <input type="checkbox"/> Finance | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Zoning & Planning | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Special Committee |
| <input type="checkbox"/> Public Facilities | <input type="checkbox"/> Land Use | <input type="checkbox"/> No Opinion |

4. This item should be taken up in committee:

Immediately (Emergency only, please). Please state nature of emergency:

- As soon as possible, preferably within a month
- In due course, at discretion of Committee Chair
- When certain materials are made available, as noted in 7 & 8 on reverse
- Following public hearing

PLEASE FILL OUT BOTH SIDES

5. I estimate that consideration of this item will require approximately:

- One half hour or less
- More than one hour
- More than one meeting
- Up to one hour
- An entire meeting
- Extended deliberation by subcommittee

6. The following people should be notified and asked to attend deliberations on this item. (Please check those with whom you have already discussed the issue, especially relevant Department Heads):

City personnel

Citizens (include telephone numbers/email please)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

7. The following background materials and/or drafts should be obtained or prepared by the Clerk's office prior to scheduling this item for discussion:

8. I have or intend to provide additional materials and/or undertake the following research independently prior to scheduling the item for discussion. *

(*Note to docketer: Please provide any additional materials beyond the foregoing to the Clerk's office by 2 p.m. on Friday before the upcoming Committee meeting when the item is scheduled to be discussed so that Councilors have a chance to review all relevant materials before a scheduled discussion.)

Please check the following:

- 9. I would like to discuss this item with the Chairman before any decision is made on how and when to proceed.
- 10. I would like the Clerk's office to contact me to confirm that this item has been docketed. My daytime phone number is:
- 11. I would like the Clerk's office to notify me when the Chairman has scheduled the item for discussion.

Thank you.

/s/Susan Albright
Signature of person docketing the item

[Please retain a copy for your own records]

Application Form

Profile

MaryLee

First Name

Belleville

Last Name

Middle Initial

[Redacted] Email Address

136 Warren St. #1

Home Address

Suite or Apt

Newton Centre

City

MA

State

02459

Postal Code

What Ward do you live in?

Ward 6

[Redacted] Primary Phone

Alternate Phone

Boston Childrens Hospital

Employer

Sr process improvement analyst

Job Title

Which Boards would you like to apply for?

Dogs Off-Leash Advisory Committee: Submitted

Interests & Experiences

Please tell us about yourself and why you want to serve.

Why are you interested in serving on a board or commission?

This would be reappointment. I have been active with advocating for dog owners for over 10 years

Upload a Resume