

AGENDA REQUEST FORM
www.jeffersoncountywv.org



Name:

Department or Organization:

Estimation of amount of time needed for appointment:

Date Requested – 1st Choice:

If a specific date is needed, please provide reason for specific date:

Date Requested – 2nd Choice:

Subject (*Wording to be placed on agenda*):

Please provide the County Commission with a description of your request or presentation, including any background information:

Is this a funding request? Y/N

If so, how much? \$

Recommended motion (*Please type out the wording of the motion that you would like the Commission to approve*):

Attach supporting documents for request, or request may be denied.

If not attached, explain: Attached

Is equipment needed? Projector Y/N. Internet/Wi Fi Y/N. Telephone for conference call Y/N

Contact information:

Email address:.

Phone Number:

FOR COMMISSION STAFF USE ONLY – FINANCIAL IMPACT/COMMENTS

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