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