

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:
[Click here to enter text.](#)

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: _____.

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

[Click here to enter text.](#)