

AGENDA REQUEST FORM

Department/Agency _____
Contact Person _____ Phone _____
E-Mail _____ Fax _____

I request the following item(s) be placed on the _____ agenda under the following category: _____ Date of Mtg. _____

Appointments (Time will be set at time of request)
County Manager, Non-Consent
Consent
County Attorney

If appointment-List name and title of who will be present and how long you will need for item: _____

Provide reason for agenda item and what the action requested is, if any. If no action is required, please state, no action required. _____

Budget/Funding Impacts per fiscal year: YES NO
If yes, attach funding analysis identifying source of funds.

If Board approves this request, what are the associated action items. Please itemize tasks and responsible parties/personnel. _____

If you have documents for the agenda packet, we need an original and 13 complete sets (hole punched) one week in advance (no later than 12 Noon on the Thursday prior to the meeting date).

If returning by mail: 412 West Orange Street, Room 103, Wauchula, FL 33873
Questions: Call 863/773-9430 and speak with Sandy or Amalia.
Thank you for your cooperation