



AGENDA REQUEST FORM
FOR ESMERALDA COUNTY BOARD OF COMMISSIONERS MEETING
MEETING REQUESTED: COMMISSION _____ HIGHWAY _____

Date submitted: _____ Meeting date requested _____
(see schedule to confirm)

Will be presented by: _____ (please print clearly)

CONTACT PHONE NUMBER _____ EMAIL _____

WILL AN ACTION BE NEEDED ON THIS ITEM? _____ YES _____ NO (YOU MUST CHECK ONE)

DISCUSSION/DECISION: (This must be a clear and complete statement and not vague. Please include what kind of action you are requesting, for example: approve and sign documents, approve report, give direction to entity or person, etc., or if this is just a discussion, please indicate clearly)

FISCAL IMPACT: _____ YES _____ NO (if YES, you must submit a clear explanation AND include funding sources, i.e, General, Capital Projects, Maintenance in the back-up information)

RELATED DEPARTMENTS NOTIFIED _____ YES _____ NO

If YES, whom, District Attorney (review contract) and Vera Boyer (regarding budget)

If NO, please explain

WAS BACK-UP PROVIDED TO THE RELATED DEPARTMENTS _____ YES _____ NO

WILL THIS DOCUMENT NEED SIGNATURES _____ YES _____ NO (If YES, please make sure that it is clearly marked for signatures)

IS THIS A BUSINESS IMPACT STATEMENT _____ YES _____ NO (If YES, Please contact District Attorney for guidance)

PLEASE NOTE: Any agenda request that does not provide the Board with adequate information prior to or during the scheduled meeting may have the agenda request tabled or dismissed.

Person submitting agenda request

Received by _____ date