## AGENDA REQUEST FORM

1. Circle or check one:	Commission	Highway	RTC	Liquor
2. Discussion/Decision:				
3. Action: Yes [ ] No [ ] (You must check one)				
4. Fiscal Impact: Yes [ ] No [ ] (If yes, you must submit explanation with back up information)				
5. Funding source:				
6. Business Impact Statement: Yes [ ] No [ ] (Contact District Attorney for guidance)				
7. Related Department notified: Yes [ ] No [ ]				
8. Will be presented by:				
9. Date submitted:		Meeting dat	te:	
Agenda Request form and Information must be supplied to the  Clerk/Treasurer's office, the Administrative Assistant and related Department  Head eight working days (excluding holidays and day of the meeting) or twelve calendar  days (excluding holidays and day of the meeting) prior to the meeting date				
<u>If backur</u>	is not provided	, item may be	e tabled o	r dismissed.
Backup p	rovided [ ]	Bac	kup not	provided [ ]
10. Backup information re	eceived by:			
11. Signed: Person submit	tting agenda req	uest		