

Mineral County Board of Commissioners Request for Placement on the Agenda

Name of Requestor: _____
Position of Requestor: _____
Phone number: _____ Email address: _____

Meeting Date Requested: _____
Meeting Time Requested: _____
How much time is needed for presentation and discussion: 15min____ 30min____ 1 hour____

Description of Agenda Item: (need detailed information)

Recommended Motion: (i.e. action you want Commissioners to take or are you just presenting info, etc.)

Action Item? Yes____ No____

Are There Any Attachments/Backup Information? (Information you would like the Commissioner's to have at the meeting): (Only 1 copy of attachment(s) is needed for scanning purposes)

Deadlines Associated with This Agenda Item: _____

Legal Review Required:
Yes____ No____ County Attorney Approval & Date: _____

Publication Required:
Yes____ No____ Responsible Party for Publication: _____

Additional Information:

Agenda items including attachments are due on **Tuesday at noon.**