

# Mineral County Commissioners Agenda Request Form

ALL AGENDA REQUESTS MUST BE SUBMITTED BY 5:00 PM ON MONDAY THE WEEK THE MEETING IS BEING REQUESTED FOR.

Name of Person Requesting Meeting: \_\_\_\_\_

Entity/Person Presenting the Meeting: \_\_\_\_\_

Date of Meeting Being Requested: \_\_\_\_\_ Time of Meeting Being Requested: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>Description of Agenda Item:</b>	
<b>What are you asking the commissioners to do?</b>	
<b>Are there any supporting documents/attachments/forms that you are going to supply for the Commissioners?</b>  YES NO  If yes please include them with this form	<b>Is this a follow up meeting?</b> YES NO  If yes when did the previous meeting take place?  Date: _____
<b>Deadlines Associated with the Agenda Item?</b>	
<b>Legal Review Required by County Attorney</b>  Yes No If yes approved by County Attorney on Date: _____	<b>Publication Required?</b> YES NO  If yes who is responsible party for Publication?

Commissioner Use Only	
<b>ACTION ITEM?</b> YES    NO	<b>Meeting Approved and Ready to Schedule on upcoming agenda?</b> YES NO

# Mineral County Commissioners Meeting Room Use Form

Date of Meeting Room Use Being Requested: \_\_\_\_\_

Time of Meeting Room Use Being Requested: \_\_\_\_\_

Entity Requesting Meeting Room: \_\_\_\_\_

Name of Person Requesting Meeting Room Use: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of what the Meeting Room will be used for:

Will this be a reoccurring event?

If so how often?

Will you be using the TVs, power cords, tables, chairs or any other Mineral County Equipment?

If so, please list them.

Commissioner Use Only

Meeting Room Use Approved? YES NO