

**MODOC COUNTY BOARD OF SUPERVISORS
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: _____

Name of Requesting Party or Entity: _____

Regular

Kind of Action Requested:

Discussion/Information

Consideration/Action

Consent

Public Hearing

Closed Session

Describe Specific Action Requested:

Summary of why this Action is being Requested:

WILL THIS AFFECT YOUR BUDGET?	FUND AFFECTED & AMOUNT OF TRANSACTION:	REVIEWED/RECEIVED COPY:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund: <input type="text"/> <input type="text"/> Org: <input type="text"/> <input type="text"/> Account: <input type="text"/> <input type="text"/> Amount: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Auditor <input type="checkbox"/> County Counsel <input type="checkbox"/> Administration <input type="checkbox"/> _____

Vendor Selection Process?

ADDITIONAL INFORMATION:	CLERK'S INSTRUCTIONS
	<input type="checkbox"/> Copies Needed (Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>) How Many? _____ <input type="checkbox"/> Certified Minute Order Needed How Many? _____

Date Submitted _____ Signature _____

Phone Number _____ Email _____

FOR CLERK'S USE ONLY: Agenda Item Number _____