

REQUEST FOR BOARD ACTION

Board Meeting Date:					Department		
Requester's Name	ster's Name				Title		
Consent Agenda:		Timed Age Amt. of Time Ro PowerPoint Pres	equired:	Yes	No]	Item For Consideration:
Board Action Requested:							
Background/Justification	:						
Number of original documents requiring signature (i.e., Agreements, Grants): (Provide original documents to the Clerk to the County Board)							
Number of original resolutions required: (Email resolution in Word format to the Clerk to the County Board)							