

AGENDA REQUEST APPLICATION

Applicant: _____ Contact Person: _____

Street Address: _____

Mailing Address if different: _____

Daytime Phone: _____ Other Phone: _____

TOPIC: _____

Wording for Agenda (Staff): _____

Are you a resident of Brooks Co.? Non-resident property owner? Business Owner? Gov=t Official?

Are you representing the interests of:

a. Another Government Entity or Agency ? _____ Name _____

b. Yourself, your business or your family?: _____

c. Group or delegation of citizens?: _____

d. Particular department or agency?: _____ Name _____

Will you be appearing before the Board of Commissioners to:

a. Request specific action by the Commissioners?* _____

b. Provide Commissioners and public with information? _____

c. Seek/exchange information? _____

COMMENTS: _____

*What action will you be requesting of the County Commission? _____

To your knowledge, has this topic been discussed at a Commission meeting in the past? If so, do you know when? _____ Will you be providing handouts? (If Yes, please submit with form) _____

Will A/V Equipment be needed ? Yes No If so, what type? _____

STAFF USE ONLY:

Request Received By: _____ Date Request Received _____

Date of Desired Meeting: _____ Date of Confirmed Meeting _____

Presentation Old Business New Business Public Hearing Consent Agenda

Notification To Relevant Department(s): _____

Attachments received/prepared: _____

County Administrator=s Approval for Agenda: _____ Date: _____