

# 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? \_\_\_\_\_

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## 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: \_\_\_\_\_