



SHOSHONE COUNTY COMMISSIONER AGENDA REQUEST

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

DEPARTMENT: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

REQUESTED AGENDA DATE: _____

PURPOSE OF THE MEETING/TOPIC OF DISCUSSION (please be as detailed as possible):

REQUESTED LENGTH OF TIME FOR MEETING: _____

ANY MATERIALS BEING ISSUED PRIOR TO THE MEETING OR AT THE MEETING: (any documents are required to have 5 copies): _____

ADDITIONAL NOTES OR COMMENTS: _____

FOR DEPARTMENTAL USE ONLY

DATE RECEIVED: _____

DATE SCHEDULED: _____

STATUS: Accepted _____ Declined _____ Deferred _____

STAFF REQUIRED (Public Works, P&Z, Etc.): _____

ADDITIONAL NOTES/COMMENTS:

