

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

Meeting Date:	Time Needed:		
Requesting Department:	Presenter(s) Name:		
Motion before the Board: Consideration and possible approval/adoption of			
Staff Recommendation:			
Background:			
Reviewed and Approved By:			
Fiscal Impact:			
Board Action Taken			
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	No Action <input type="checkbox"/>	Continued to: <input type="checkbox"/>
Notes:		_____	
Date:	Initial:		

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **Noon the Tuesday** before the BOS meeting.