

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

AGENDA REQUEST FORM

DATE: _____

REQUESTED MEETING DATE: _____ LENGTH OF TIME: _____

DEPARTMENT DEADLINE: _____

NAME: _____

DEPARTMENT: _____

REVIEW FOR LEGAL SUFFICIENCY OBTAINED: _____ YES _____ NO _____ NA

FINANCE REVIEW: _____ YES _____ NO _____ NA

PROJECT REQUEST FORM SUBMITTED: _____ YES _____ NO _____ NA

AGENDA REQUEST MADE TIMELY: _____ YES _____ NO (IF NO, DESCRIBE EMERGENCY, BELOW)

ITEM REQUEST WILL BE FOR (SELECT ALL THAT APPLY):

Information Only

Discussion/Action

Executive Session Under

Public Hearing

Report

ORS 192.660(2)()

Brief Description of Topic To Be Discussed:

Description of Attached Documents:

Description of Why Agenda Request Made Late (if applicable):
