

BOARD OF COUNTY COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

AGENDA REQUEST FORM

DATE: \_\_\_\_\_

REQUESTED MEETING DATE: \_\_\_\_\_

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)

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

Information Only

Discussion/Action

Executive Session Under

Public Hearing

Report

ORS 192.660(2)(  )

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Brief Description of Topic To Be Discussed:

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Description of Attached Documents:

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

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