

BOARD OF SUPERVISORS
LASSEN COUNTY CALIFORNIA

AGENDA REQUEST FORM

TODAY'S DATE:

Board Date:	Agenda Item:
Dept.:	Division:
Contact Person:	Phone:
<input type="checkbox"/> Regular Agenda	<input type="checkbox"/> Consent Agenda
<input type="checkbox"/> Time Certain:	Estimate Time (minutes):
<input type="checkbox"/> Public Hearing/Time:	<input type="checkbox"/> Publication/Posting Requirements
<input type="checkbox"/> Special Directions to Clerk (Below)	

SUBJECT:

ACTION REQUESTED: That the Board:

COMMENTS:

SPECIAL INSTRUCTIONS TO CLERK: