



NYE COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

Department:	Meeting Date:
Category:	
Prepared by:	Phone:
Presented by:	Phone:
Action requested: (Include what, with whom, when, where, why, and terms)	
Complete description of requested action: (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures)	
Recommendation:	

Financial Impact

Cost:	Fund Name:	Fund #:
Budgeted: Yes No N/A	FY:	One-Time Recurring
Comments:		

Review & Approval

Legal Review Required: Yes No	Legal Approval Received:	Date:
Financial Review Required: Yes No	Submitted to Finance:	Date:
Administrative Manager Review:	Place on Agenda:	Initials:

Item # _____