

**AGENDA REQUEST FORM VERMILLION
COUNTY**

Commissioners _____ Council _____

MEETING DATE:

NAME: _____ COMPANY/OFFICE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

TOPIC OF CONCERN: _____ APPROXIMATE TIME NEEDED: _____

1. PLEASE GIVE FULL EXPLANATION OF YOUR PROPOSED AGENDA ITEM INCLUDING ANY ACTION NEEDED:

2. INCLUDE ANY PAPERWORK THAT YOU WOULD LIKE SENT WITH THE AGENDA PACKETS SUCH AS FLYERS, PROPOSALS, REPORTS, ETC.

