

**COUNTY OF HIDALGO COMMISSIONERS' COURT
AGENDA REQUEST FORM**

NO: _____

DATE: October 4, 2017

MEETING DATE REQUEST: _____

DEADLINE FOR ACTION: ASAP

CONTACT PERSON: _____

DEPARTMENT: _____

PHONE: _____

DEPT. HEAD /
OFFICIAL
SIGNATURE: _____

FAX: _____

CAPTION:

BACKGROUND: (Briefly summarize your request, use separate sheet(s) if needed or attach supporting documentation.)

BUDGETARY IMPACT:

PLEASE INITIAL FOR APPROVAL:

Legal Counsel: _____ Budget: _____ Human Resources: _____

COMMENTS:

ACTION TAKEN BY COMMISSIONER'S COURT:

Approved on: _____ Tabled on: _____ Denied on: _____
(DATE) (DATE)

Motion made by: _____ Second by: _____ Vote: _____

