

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

NO: \_\_\_\_\_

DATE: October 2, 2019

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: \_\_\_\_\_

