

AGENDA REQUEST APPLICATION

Applicant: _____ Contact Person: _____

Street Address: _____

Mailing Address if different: _____

Daytime Phone: _____ Other Phone: _____

TOPIC: _____

Wording for Agenda (Staff): _____

Are you a resident of Rabun Co.? _____ Non-resident property owner? _____ Business Owner? _____ Gov't Official? _____

Are you representing the interests of:

a. Another Government Entity or Agency? _____ Name _____

b. Yourself, your business or your family? _____

c. Group or delegation of citizens? _____

d. Particular department or agency? _____ Name _____

Will you be appearing before the Board of Commissioners to:

a. Request specific action by the Commissioners?* _____

b. Provide Commissioners and public with information? _____

c. Seek/exchange information? _____

COMMENTS: _____

*What action will you be requesting of the County Commission? _____

To your knowledge, has this topic been discussed at a Commission meeting in the past? _____

If so, do you know when? _____ Will you be providing handouts? _____

Will A/V Equipment be needed? Yes _____ No _____

If so, what type? _____

STAFF USE ONLY:

Request Received By: _____ Date Request Received: _____

Presentation _____ Old Business _____ New Business _____ Public Hearing _____ Consent Agenda _____

Notification To Relevant Department(s): _____

Attachments received/prepared: _____

Is review of this request or documentation by the Attorney's Office needed? _____

If so, has it been done? _____