

Implications and/or Financial Impact of Remedy Sought:

Date of meeting for which the request is being made: _____

Please name anyone else who will be speaking on behalf of this Item/Issue in addition to the person named above.

Documents Attached (if any):

For District Office Use:

Approved for Agenda _____ Meeting Date _____

Open Session Item _____ Closed Session Item _____

Denied _____ Reason(s): _____

Signature: _____ Date: _____

