

# BOONE COUNTY COUNCIL



## AGENDA REQUEST FORM

Name of Requestor:		Department/Office:	
Address: (if not a county employee)		Email Address:	
		Telephone Number:	
Date of Request:		Date of Meeting:	
Matter of Request:			
Documents Attached:			
Name of Speaker: (if different than Requester)			
Presentation:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please email this completed form for consideration, along with all supporting documentation to Jennifer Hostetter at [jhostetter@co.boone.in.us](mailto:jhostetter@co.boone.in.us) **AND** Debbie Crum at [dcrum@co.boone.in.us](mailto:dcrum@co.boone.in.us).

Please submit this Agenda Request Form by 4:00 p.m. on the Monday the week prior to each Council Meeting, except when affected by a County Holiday or an Emergency Closing.