

CLERK OF THE BOARD OF SUPERVISORS
Information/Research/Materials Request Form

DATE: _____

REQUESTING DEPARTMENT/AGENCY: _____

CONTACT PERSON: _____

CONTACT NUMBER/EXT: _____

EMAIL: _____

PLEASE COMPLETE THE INFORMATION BELOW TO ASSIST US IN LOCATING THE INFORMATION YOU ARE REQUESTING.

If applicable, cost for copies: \$1.00 for first page \$.50 for each additional page

PLEASE COMPLETE THE FOLLOWING:

Back-up Item # _____ Department: _____ Topic: _____
Board Date

Minute Order #: _____ Copy of Board Meeting Audio _____ Meeting Date
Board Date \$10.00 per CD or \$5.00 if CD is provided

Ordinance _____
(include # and title, or if not known include topic and approval date)

Resolution _____
(include # and title, or if not known include topic and approval date)

Other _____

Date needed by: _____ # of Copies needed _____

(For Clerk Use Only)

Assigned to: _____ Request # _____ Completed on: _____

Fees \$ (if any): _____ Picked up on _____ Picked up by: _____

Please submit electronic request to blancaacosta@co.imperial.ca.us