IMPERIAL COUNTY
BOARD AGENDA SUBMITTAL SHEET

Please submit completed form to:
Clerk of the Board of Supervisors
940 Main Street, Suite 209
El Centro, CA 92243
cynthiamedina@co.imperial.ca.us

Requested Board Date: _____	**Requesting Agency:** _____	
Authorized Agency Representative: **Name:** _____ **Date:** _____	**Presenter:** _____ **Name/Title**	**Contact Person:** _____ **Phone No:**
Informational Only/ No Action Required ☐	**Presentation/Recognition** ☐	**Other** ☐ _____

Requested Action / Recommendation: (briefly describe request)

_____

_____

Special Requests to Clerk of the Board i.e. *More than one original to be executed, additional certified copies required, etc.*

_____

_____

FOR CEO/COB USE ONLY **Discussion Date:** _____

ACTION	CONSENT	HEARING	PRESENTATION	FILING/INFORMATIONAL
☐	☐	☐	☐	☐

Reviewed By: _____ _____ **Clerk** **Date**	**Reviewed By:** _____ _____ **CEO** **Date**

If requesting approval of Resolution/Proclamation please be sure to email the word document to the Clerk of the Board office at cynthiamedina@co.imperial.ca.us