Reset Form

CASS COUNTY

REQUEST FOR BOARD ACTION ITEM _____

Requested Board Date:	Originating Department:
Presenter:	Requested Time:
For Discussion: 30 min ☐ 45 min ☐ 1 hour ☐	Consent Agenda: ☐ Information Only: ☐
Department Head Signature/Date: **Supporting Documents:** **Attached** ☐ **None** ☐	Grant #:_____
Board Action: Approved [ ] Amended [ ] Denied [ ] Tabled [ ] Other [ ]	
Resolution #:	
Date of Action:	
Comments:	
[M] [S] [V]	
County Administrator's Signature/Date: Supporting Documents: Attached [ ] None [ ]	

Distribution List: