

AGENDA REVIEW FORM

Please process the attached agenda item for the Committee and/or BCC agenda(s) as indicated below.

Department: _____

Consent Agenda: Yes No

(If "Yes" and requires matching funds, the Mayor's memo should include a statement that the matching funds are properly budgeted as determined by OMB.)

Requires Committee Review: Yes No

Preferred BCC Agenda Date: _____

Requires Municipal Notification: Yes No

Public Hearing Required: Yes No If yes, is public hearing at BCC Cmte

(Please attach a copy of advertisement as proof that item has been or will be advertised as a public hearing.)

Special Effective Date Language in Resolution: Yes No

(If "Yes", a brief statement explaining why the item must have special language should be included in the Mayor's memo.)

List Attachment(s): _____

County Attorney's Review:

- Item is subject to BCC sponsorship and is approved as to form and legal sufficiency.
- Item is not subject to BCC sponsorship and is approved as to form and legal sufficiency.

If any changes are made to this document, those changes must be approved by the County Attorney's Office.

Asst. County Attorney
(Print name)

Asst. County Attorney
(Signature)

Date

Commissioner Sponsor:
(To be provided by Department/DM)

Approved – Department Director

Date

Approved – County Executive Office

Date