

**PULASKI COUNTY BOARD OF COMMISSIONERS  
AGENDA INFORMATION & REQUEST FORM**

This form must be given to the Pulaski County Auditor no later than 4:00 p.m. on the Monday preceding the meeting you wish to attend. This form may be submitted in writing, by facsimile to 574-946-4953 by e-mail to [auditorsoffice@pulaskicounty.in.gov](mailto:auditorsoffice@pulaskicounty.in.gov) and [commissionerdist2@pulaskicounty.in.gov](mailto:commissionerdist2@pulaskicounty.in.gov). You will be informed by 4:00 p.m. on the Thursday preceding the meeting to advise whether you are approved to be on the agenda. Due to our paperless process, items submitted after the deadline will be placed on the next meeting agenda)

Meeting Date:												
Presentation Time Needed:												
Request From: (i.e. department, agency etc)												
Description of Agenda item: (need detailed information)												
Recommended Motion: (i.e. action you want Commissioners to take or are you just presenting info, etc.)												
Are There Any Attachments/Back-up Information?:(Only 1 copy of attachment(s) is needed for scanning purposes)												
Deadlines Associated with This Agenda Item:												
Legal Review Required: <input type="checkbox"/> Yes <input type="checkbox"/> No      County Attorney Approval & Date: _____												
Publication Required: <input type="checkbox"/> Yes <input type="checkbox"/> No      Responsible Party for Publication: _____												
Budget Requirements:												
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Expenditure</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 40%; border-bottom: 1px solid black;">Budgeted</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Revenue</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Budgeted Amendment</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Contingency</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Grant or Other</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Transfer</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Matching Funds</td> </tr> </table>	Expenditure		Budgeted	Revenue		Budgeted Amendment	Contingency		Grant or Other	Transfer		Matching Funds
Expenditure		Budgeted										
Revenue		Budgeted Amendment										
Contingency		Grant or Other										
Transfer		Matching Funds										
Total:\$ _____												
Other Reviews Completed by:												
Prepared by:												
Agenda Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If No Reason for Rejection:												
Approved by President of Commissioners: _____												
Dated: _____												