

**PULASKI COUNTY COUNCIL
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, no less than 7 days prior to the meeting. This form may be submitted in writing, by facsimile to 574-946-3928 by e-mail to auditorsoffice@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. Items submitted after the deadline will be considered to be placed on the next meeting agenda.

Meeting Date:								
Presentation Time Needed; estimated to the nearest 1/4 hour (15 minute)								
Contact Info of Presenter: (i.e. agency, individual citizen, business, phone number, e-mail address, facsimile, etc.)								
Description of Agenda item: (need detailed information)								
<p>Are you seeking to do business with the County? ___ Yes ___ No</p> <p>Do you have an existing contract to do business for the County? ___ Yes ___ No If yes, please attach a copy of your existing contract with the County to your agenda request form.</p>								
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:								
<p>Legal Review Required: (Note: All contracts presented for signature of the Council must be approved by the County Attorney)</p> <p>___ Yes ___ No County Attorney Approval & Date:</p>								
<p>Publication Required:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Responsible Party for Publication:</p>								
<p>Budget Requirements:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Expenditure</td> <td style="width: 50%; border: none;">_____ Budgeted</td> </tr> <tr> <td style="border: none;">_____ Revenue</td> <td style="border: none;">_____ Budgeted Amendment</td> </tr> <tr> <td style="border: none;">_____ Contingency</td> <td style="border: none;">_____ Grant or Other</td> </tr> <tr> <td style="border: none;">_____ Transfer</td> <td style="border: none;">_____ Matching Funds</td> </tr> </table> <p>Total:\$ _____</p>	_____ Expenditure	_____ Budgeted	_____ Revenue	_____ Budgeted Amendment	_____ Contingency	_____ Grant or Other	_____ Transfer	_____ Matching Funds
_____ Expenditure	_____ Budgeted							
_____ Revenue	_____ Budgeted Amendment							
_____ Contingency	_____ Grant or Other							
_____ Transfer	_____ Matching Funds							
Other Reviews Completed by:								
Prepared by:								
<p>Agenda Approved: ___ Yes ___ No</p> <p>If No Reason for Rejection:</p> <p>Approved by President of County Council: _____</p> <p>Dated: _____</p>								