AGENDA ITEM REQUEST FORM

This form is to be used to initiate an agenda item request for an upcoming Committee for Oversight of Domestic Violence Offender Intervention Programs and Standards (CODVOIPS) meeting. This form must be received no less than ten working days prior to the regularly scheduled CODVOIPS meeting. When placed on the agenda, you should be available to present your item and/or be available to answer any questions the CODVOIPS may have regarding your agenda item.

Date of the Request:

Date of Meeting:

Attending: In Person: ☐Y ☐N #? By Phone: ☐Y ☐N #?

Name:

Organization/Agency Name:

Mailing Address:

City: State: Zip Code:

Phone Number: Email Address:

Agenda Item Title:

Describe Purpose and Desired Outcome:

Please attach applicable documents/information and submit with this request form.

Signature:_____Date:_____

Please submit request to:

CODVOIPS
PO Box 83720
Boise, ID 83720-0036
Phone: 208.332.1540
Fax: 208.334.2279
Email: sally.alvarado@icdv.idaho.gov