## AGENDA ITEM REQUEST FORM

This form is to be used to initiate an agenda item request for an upcoming ICDVVA quarterly council meeting. This form must be received no less than ten working days prior to the regularly scheduled quarterly meeting. When placed on the agenda, you should be available to present your item and/or be available to answer any questions the council members may have regarding your agenda item.

Date of the Reques	t:				
Date of Meeting:					
Attending:	In Person:	Υ	N	#?	By Phone: Y N #?
Name:					
Organization/Agency Name:					
Mailing Address:					
City:			State:		Zip Code:
Phone Number:			Email	Addre	ess:
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:					

ICDVVA PO Box 83720

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