

MIAMI COUNTY

STAFF REQUEST FOR COMMISSION ACTION

SUBMITTED BY:	REQUESTED MEETING DATE:
DEPARTMENT:	REQUESTED MEETING: <input type="checkbox"/> STUDY SESSION <input type="checkbox"/> REGULAR MEETING
CONTACT INFORMATION:	PROJECT / REFERENCE NUMBER:

AGENDA SUBJECT:

AGENDA SUBJECT BACKGROUND / DESCRIPTION:

REQUESTED ACTION / STAFF RECOMMENDATION:

BUDGET IMPACT:

BUDGET AVAILABLE FOR THIS ITEM:	BUDGET REMAINING FOR THIS ITEM:
FUND / LINE ITEM TO BE CHARGED:	ITEM BUDGETED?: <input type="checkbox"/> YES <input type="checkbox"/> NO
	CAPITAL PROJECT?: <input type="checkbox"/> YES <input type="checkbox"/> NO

SUBMITTER'S SIGNATURE:

DATE:

FISCAL REVIEW

SIGNATURE: _____

DATE: _____

LEGAL REVIEW

SIGNATURE: _____

DATE: _____

ADMINISTRATOR REVIEW

SIGNATURE: _____

DATE: _____

COUNTY CLERK'S OFFICE USE

Commission Action Taken:

Accepted

Denied

Postponed

Acknowledged

Date Action Taken: _____

Required Follow-up Date: _____

Publication Required:

Submitted to Publication By: _____

Yes No

NPG Account Number: _____

Mail Distribution Required:

Mailed By: _____

Yes No