

**MIAMI COUNTY
STAFF REQUEST FOR STUDY SESSION ONLY**

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

STUDY AGENDA SUBJECT:

STUDY AGENDA SUBJECT BACKGROUND / DESCRIPTION:

REQUESTED ACTION / STAFF RECOMMENDATION:

BUDGET IMPACT:

BUDGET AUTHORITY:	REMAINING BUDGET ALLOCATION:	
FUND / LINE ITEM:	FUNDS BUDGETED:	CAPITAL PROJECT:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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: _____