

**BOARD OF SUPERVISORS**  
LASSEN COUNTY CALIFORNIA

**AGENDA REQUEST FORM**

**TODAY'S DATE:**

Board Date:	Agenda Item:
Dept.:	Division:
Contact Person:	Phone:
<input type="checkbox"/> Regular Agenda	<input type="checkbox"/> Consent Agenda
<input type="checkbox"/> Time Certain:	Estimate Time (minutes):
<input type="checkbox"/> Public Hearing/Time:	<input type="checkbox"/> Publication/Posting Requirements
<input type="checkbox"/> Special Directions to Clerk (Below)	

**SUBJECT:**

**ACTION REQUESTED: That the Board:**

**COMMENTS:**

**SPECIAL INSTRUCTIONS TO CLERK:**