



Jackson County, Missouri

Request for Legislative Action

REQUESTED MEETING DATE: _____ SPONSOR: _____

To be completed by the County Counselor's Office:

NUMBER: 21722 ASSIGNED MEETING DATE: 9-16-2-24

STAFF CONTACT: _____ PHONE: _____

EMAIL: _____

DEPARTMENT: _____

_ TITLE: _____

_ SUMMARY: _____

FINANCIAL IMPACT: ~~YES~~ Amount Fund Department Line-Item Detail

ACTION NEEDED: _____

ATTACHMENT(S): _____