



# Jackson County, Missouri

## Request for Legislative Action

REQUESTED MEETING DATE: \_\_\_\_\_ SPONSOR: \_\_\_\_\_

*To be completed by the County Counselor's Office:*

NUMBER: \_Res. #21720\_\_\_\_\_

ASSIGNED MEETING DATE: \_\_\_\_\_

STAFF CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

\_ TITLE: \_\_\_\_\_

\_ SUMMARY: \_\_\_\_\_

YES                       Amount                      Fund                      Department                      Line-Item Detail

FINANCIAL IMPACT: NO  \_\_\_\_\_

ACTION NEEDED: \_\_\_\_\_

ATTACHMENT(S): \_\_\_\_\_