



# Jackson County, Missouri

## Request for Legislative Action

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

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

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

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

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

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

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

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

FINANCIAL IMPACT: NO

YES

Amount

Fund

Department

Line-Item Detail

\_\_\_\_\_

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

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

