



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): _____