



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: _____

Department: _____

Title:

Management Update/Work Session Date: _____ Audio/Visual aids

Time Required: _____ Contact: _____ Phone: _____

Requested Action:

Issue, Description & Background:

Financial Impacts:

Impacts to Department & External Agencies:

List of attachments:

Presenter:

Department Head Signature: