

KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY

Agenda Request Form

Please fill in the boxes below	w with the appropriate informa	tion.	
Name:		Agency:	
Phone Number:	Length of Time Nee	eded:	Agenda Item #:
Topic:			
Brief Description:			
Proposed Motion:			
Agenda Request Approved:	Meeting Dat	te:	Time:

Persons or items will not be placed on a meeting agenda without an agenda request form first being completed. The agenda request form must be accompanied by information that substantiates and justifies your request. Lack of this information may cause a delay in your request being acted upon by the Board of Directors. Agenda requests must be received by 9:00 a.m. on Monday of the week preceding the monthly meeting date. Completed forms shall be sent electronically to admin@kccda911.org. If you have any questions regarding this form, please feel free to contact KCCDA's administrative office at (269) 488-8911.