



## San Bernardino Countywide Gangs & Drugs Task Force

### AGENDA ITEM REQUEST FORM

Date of Meeting Requested:	Requested by:
Date of Request:	Phone Number:
Address:	Email:
<input type="checkbox"/> Action Item <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only <input type="checkbox"/> Report	
Agenda Item Subject:	
Background:	
Action Requested:	
<p>Request(s) to the agenda MUST be received by Adrienne Sanchez with-in five (5) business days prior to the meeting date. All back up information MUST be attached in order for this item to be placed on the agenda.</p> <p><a href="mailto:adrienne.sanchez@sbcscs.org">adrienne.sanchez@sbcscs.org</a> 909.386.2755</p>	

FOR OFFICE USE ONLY		
Notification Date:	Notified by:	Meeting Date:
Date of Meeting:	Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Tabled <input type="checkbox"/> Other	
Special Stipulations:		