



# CAMBRIA COMMUNITY SERVICES DISTRICT

P.O. Box 65 • Cambria, CA 93428 • Telephone: (805) 927-6223 • Fax: (805) 927-5584

## REQUEST TO HAVE AN ITEM PLACED ON THE BOARD AGENDA

Name of Requestor: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Please state the subject of your item (if this invoices property please provide description).

2. Is the result of a request that has been denied at District staff level?

3. Describe why this item should be placed on an agenda and how this item relates to services provided by the CCSD.

4. Is a time factor involved? If so, please explain.

### Disposition of the request:

\_\_\_\_\_ Approved for agenda (Note: All information pertinent to this item must be available to staff two weeks in advance of the scheduled date.)

\_\_\_\_\_ Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Any additional information required for this item to be considered must be available to staff's satisfaction two weeks in advance of the scheduled date.