

The Board of Directors meet once a month on the 3<sup>rd</sup> Thursday of every month at 3:30 PM. Bayview Water & Sewer District Office/Zoom 16401 E. Emerson Dr., Bayview, ID 83803

## This form must be returned to the District office by Wednesday at 9:00 AM two weeks prior to subsequent meeting. ALL fields must be filled out for consideration.

Date and Time Submitted:	Meeting Date:
Name:	
Site/Physical Address:	Account No.:
Email Address:	Phone Number:
Any other necessary contact information:	
Is Board action necessary?   Yes  No	
If yes, action requested of Board:	
*Please provide all documentation you will referen	nce and/or read from *Required*
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DISCLOSURE: All agenda requests will be previewed by the District Manager and Chairman of the Board prior to being accepted into the Agenda. Should this request be denied, the District will contact you in writing within three (3) business days stating the reason for denial. All agenda requests MUST be delivered to the District Administrator no later than the 1st Wednesday of the month by 9:00 AM for consideration. Agenda requests received after this time will be considered for the following month's Agenda. Each agenda item you are requesting will need its own request form. Multiple requests per form will NOT be accepted. Requests requiring supporting documentation will not be accepted unless the supporting documentation is submitted with the request.

For Office Use Only:		
Date Request Received:/ F	Received By:	
Date Request Reviewed:// F	Reviewed By:	
Is All Supporting Documentation Attached? □Yes □ No Does the District Manager Approve of Content? □ Yes □ No Does the Chairman of the Board Approve Content? □ Yes □ No		
Date Request Has Been APPROVED/DENIED/ By: Notice Added To Agenda: O Yes O No Notice of Denial Mailed to Requestor:// By:		