

FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 5/29/2009	Submitted By:
Court Agenda Date: 6/2/2009	Department: County Judge
	Phone Number: 281-341-8608

SUMMARY OF ITEM: Approve the appointment of Commissioner Grady Prestage as Fort Bend County's Designated Delegate to the 2009 National Association of Counties (NACo) Annual Conference.

RENEWAL AGREEMENT/APPOINTMENT YES NO
 REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES NO

List Supporting Documents Attached: *Information from NACo.*

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO

FUNDNG SOURCE: Accounting Unit: _____ Account Number: _____
 Activity (If Applicable): _____

DESCRIPTION OF LAWSON ACCOUNT: _____

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:
 Original Form Submitted with back up to County Judge's Office (✓ when completed)
 If by E-Mail to osp@indon.co.fort-bend.tx.us If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

6-4-09 copy received



001360

NACo 2009 Credentials (Voting) Identification Form



Please complete and return form by **July 3, 2009** to:

Credentials Committee / NACo / Attn: Ilene Manster / 25 Massachusetts Avenue, NW, Suite 500 / Washington, DC 20001

You may also fax this form to: 202.393.2630 ... or have the voting delgate(s) carry it with him/her to the conference and present it at the Credentials Desk.

Please type or print in block letters.

County / Parish / Borough

State

F O R T B E N D C O U N T Y

T X

Designated Delegate

First Name

Last Name

G R A D Y

P R E S T A G E

Job Title / Position

C O M M I S S I O N E R P R E C I N C T 2

First Alternate

First Name

Last Name

Job Title / Position

Check the appropriate box(es) to indicate your county's preference if your ballot is not picked up.

- In the event that my county's ballot is not picked up, I authorize the president of my state association (or his/her designated delegate) to pick up and cast my county's votes.
- In the event that my county's ballot is not picked up, I authorize a representative from another county in my state to pick up and cast my county's votes.

County / Parish / Borough allowed to cast my votes *

First Name of proxy county delegate

Last Name

- In the event that my county's ballot is not picked up, NO ONE is authorized to pick up my county's votes. I understand that my county's votes will NOT be cast with this option.

Please note: This form must be signed by the Chief Elected Official from your county. **Submissions without an appropriate signature will not be accepted.**

Signature:

June 2, 2009

Board President / Chair / County Executive / Judge / Mayor signature required

Date

Robert Hebert, County Judge

Print name and title