**FORT BEND COUNTY FY 2010**
**COMMISSIONERS COURT AGENDA REQUEST FORM**
**Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office**

| | |
|---|---|
| **Date Submitted: 12/1/09** | **Submitted By: Danielle Garrison** |
| | **Department: Commissioner PCT 4** |
| **Court Agenda Date: 12/8/09** | **Phone Number: 281.980.2235** |

**SUMMARY OF ITEM: Take all appropriate action to reappoint Ben Bono to the Fort Bend Emergency Services District #5 Board of Directors for term to expire December 2011.**

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

**List Supporting Documents Attached:**

**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 ospindon@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:**

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

**RECOMMENDATION / ACTION REQUESTED:**

**Special Handling Requested (specify):**