



## BUCKSKIN SANITARY DISTRICT

P O Box 5398

Parker, AZ 85344

Phone: (928) 667-7197 \* Fax: (928) 667-1697 \*

www.buckskinsanitarydistrict.org

Board of Directors:

Robert Troxler Gary Hansen Gary Svider William Risen Shelly Rohde

## REQUEST FOR ITEM TO BE PLACED ON AGENDA

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Please state your affiliation with our District:

☐ Buckskin Sanitary District Resident

☐ Buckskin Sanitary District Board Member

☐ La Paz County District 2 Representative

☐ Future Developer within District Boundaries

☐ Other: \_\_\_\_\_

Please state the item you wish to be presented on the upcoming agenda? (Be as specific as possible) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state the reason you wish to have the item presented: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state the proposed outcome you are seeking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate box in which the item is related:

☐ Future Development

☐ Wastewater Treatment Plant Issues

☐ Administration

☐ Personnel

☐ Legal Issues

☐ Other: \_\_\_\_\_

Do you have any supporting documentation you wish to present with this agenda item?

☐ Yes      ☐ No

If yes, have you attached it to this form? ☐ Yes    ☐ No

**DISCLOSURE:**

**All agenda requests will be reviewed 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 3 business days stating the reason for denial. All agenda requests MUST be delivered to the district office no later than the 2<sup>nd</sup> Tuesday of the month at 3:00pm 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.**

Please read the following statement prior to signing this document:

I have requested Buckskin Sanitary District to consider the aforementioned item to be placed on the agenda for the following Board Meeting. I have requested this information for a noncommercial purpose. I understand that if it should be used for a commercial purpose, a verified statement of the purpose must be submitted per ARS §39-121.03.

\_\_\_\_\_  
Signature/Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Requested

(Include your position if you are a District Board Member, County Representative, HOA Representative or Name of Company/Developer)

For Office Use Only:

Date Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_

Date Request Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed By: \_\_\_\_\_

Comments/Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is All Supporting Documentation Attached?      ☐ Yes    ☐ No

Has Request Been Submitted In a Timely Manner?      ☐ Yes    ☐ No

Is the Request Relevant to District Affairs?      ☐ 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:      ☐ Yes    ☐ No

Notice of Denial Mailed to Requestor: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_