



AGENDA REPORT

Meeting Date _____

Category:

Title:

Subject:

Fiscal Impact:

Dept/Office:

Requested Action:

Summary Explanation and Background:

Clerk to the Board Instructions:

Attachment Descriptions:

Department Reviewer:

ACM Reviewer:

County Manager Reviewer:

County Attorney Reviewer:

Send completed form to Agenda Coordinator, Sally.Lewis@BrevardFL.gov