

# AGENDA ITEM REQUEST FORM



<b>Name of Agency Representative Making Request (include contact info):</b>  
<b>Proposed Agenda Item Type:</b> <input type="checkbox"/> Action <input type="checkbox"/> Non-Action (presentation)
<b>Proposed Agenda Item Title:</b>  
<b>How Does This Item Relate to the MPO's <a href="#">Mission and Vision</a>:</b>    
<b>Previous Action(s) Taken by Agency to Address This Item (if applicable attach supporting documentation):</b>      
<b>Funding Request (if applicable):</b>  

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

For complaints, questions or concerns about civil rights or nondiscrimination; or for special requests under the Americans with Disabilities Act, please contact Carl Ema, Title VI Coordinator at (954) 876-0052 or [emac@browardmpo.org](mailto:emac@browardmpo.org).

