



AGENDA COORDINATION FORM

Bexar County Commissioners Court

County Office/Department: _____
Presenter: _____
Contact: _____ Phone Number: _____
External Agency Name: _____
External Individual Name: _____
Official/Department Head Signature: _____

Time Certain: _____	Consent: _____	Individual: _____
Special Presentation: Y _____	N _____	
Court Date Requested: _____		
Audio/Video: Y _____	N _____	
ADA Assistance Required (type): _____		
Small, Minority, Women-owned Business Enterprise (SMWBE) Impact: Y _____ N _____		

CAPTION:

ESTIMATED PRESENTATION TIME: _____

BACKGROUND INFORMATION:

RECOMMENDED MOTION: