

**AGENDA REQUEST FORM**

The Board of Directors typically meet every 3rd Monday of each month at 5:30 PM at the Roosevelt County Co-Op office located at 1700 S. Avenue D.

**This form must be returned to our office by Monday at 5:00 p.m. one week prior to subsequent meeting. All fields must be filled out for consideration.**

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**Date and Time Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Meeting Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other necessary contact information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you an active member?** \_\_ Yes \_\_No

**If yes, list service address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is Board action necessary?** \_\_ Yes \_\_No, informational only

**If yes, action requested of Board:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

**Information background and rationale:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is the financial impact of this request?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ No Impact

**\*Please specify the impact and please ensure General Manager has reviewed request prior to Board Meeting\***

**Notes or additional information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please be aware that per RCWC’s policy, NO recording devices will be allowed.**

**Roosevelt County Water Cooperative, Inc. is a private, member owned co-op and is not subject to The Open Meetings Act (NMSA 1978, Chapter 10, Article 15).**

Roosevelt County Water Cooperative, Inc.

Ursula Parker, General Manager

rcwc@yucca.net

Office: 575.356.5307

**All originals requiring signatures and/or presentation materials must be attached to this request! You will be taken off the agenda if the office does not have the originals by the above mentioned deadline. Faxed originals will not be accepted.**

* Regular meetings are typically the third Monday of each month.
* The General Manager prepares a packet, which includes copies of the agenda, contracts, action items and other requests. Packets are sent to the Board as soon as they are ready. Changes will not be made to the agenda if packets have already been sent out.
* If you have submitted a request, please note that you will be placed on the agenda unless otherwise notified. You will be notified of your timeslot on the agenda and what time to arrive for the meeting. If you have not been notified, please contact the office prior to the day of the meeting.
* To ensure the Co-op has a copy of ALL executed documents, ALL signed originals will be returned to the General Manager’s office following the Board Meeting.
* Please tab signature pages.

**If you have any questions, please feel free to contact Ursula Parker**

**at (575) 356-6808.**

**Checklist**

* **Filled out Request Completely**
* **Reviewed by Administration**
* **Reviewed by Co-op Attorney (If necessary)**
* **Turned in Request, original(s) with tabbed signature pages and all else needed to fulfill request.**