

BERKELEY COUNTY COMMISSION

AGENDA REQUEST

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ **BUSINESS PHONE #** _____

DATE OF MEETING REQUESTED: _____

Select One: **MORNING** _____

EVENING _____ (Only available 1st Thursday of the Month)

TOPIC (S) OF DISCUSSION:

Special Equipment Needs: (i.e. Powerpoint, etc.)

