

SCWBA BOARD/COMMITTEE REQUEST FORM

Name of Person Making Request: _____

Company Person Represents: _____

Is this a Committee Related Request? YES or NO

If this is a Committee Request, which committee/council? _____

Is this an Individual or Membership Related Request? YES or NO

Describe the request:

When do you need the request fulfilled by? _____

Are there financial considerations? YES or NO

If there are financial considerations, what are they? _____

----- office use only below this line -----

Board Discussion Notes:

Board Decision: _____

Board Representative Signature: _____ Date: _____

Executive Officer Signature: _____ Date: _____