

**CITIZEN REQUEST FORM
BOARD OF COUNTY COMMISSIONERS
WALTON COUNTY, FLORIDA**

Requested Meeting Date: _____ **Meeting Location:** _____ **Submission Deadline** _____

Requestor's name: _____

Phone: _____ **Email:** _____

REVIEWED BY LEGAL AS TO FORM: Yes No

TOPIC:

REQUESTED ACTION:

SUMMARY EXPLANATION OR HISTORY:

MATERIAL/EXHIBITS ATTACHED:

Administration Contact Information: _____ **Department Assigned:** _____

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