

CITY OF EL PASO, TEXAS  
AGENDA ITEM  
AGENDA SUMMARY FORM



**DEPARTMENT:**

**AGENDA DATE:**

**CONTACT PERSON NAME**

2nd CONTACT PERSON

3rd CONTACT PERSON

**PHONE NUMBER:**

**PHONE NUMBER:**

**PHONE NUMBER:**

**DISTRICT(S) AFFECTED:**

**STRATEGIC GOAL:**

**SUBGOAL:**

**SUBJECT:**

**COMMUNITY AND STAKEHOLDER OUTREACH:**

**BACKGROUND / DISCUSSION:**

**PRIOR COUNCIL ACTION:**

**AMOUNT AND SOURCE OF FUNDING:**

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*