CITY OF EL PASO, TEXAS AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT:	
AGENDA DATE:	
PUBLIC HEARING DATE:	
CONTACT PERSON NAME:	PHONE NUMBER:
DISTRICT(S) AFFECTED:	
STRATEGIC GOAL:	
SUBGOAL:	

SUBJECT:

	BACKGROUND / DISCUSSION:	
PRIOR COUNCIL ACTION: AMOUNT AND SOURCE OF FUNDING: REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL: NAME NAME AMOUNT (5) REQUIRED AUTHORIZATION WARY Wiggins		
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Mary Wiggins	NAME	AMOUNT (\$)
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DEPARTMENT HEAD: Wiggins	*********REQUIRED AU	THORIZATION**************
DEPARTMENT HEAD:	201-11/2-2	
	DEPARTMENT HEAD:	

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)