

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:

*****REQUIRED AUTHORIZATION*****