CITY OF EL PASO, TEXAS AGENDA ITEM AGENDA SUMMARY FORM



DEPARTMENT:	
AGENDA DATE:	
CONTACT PERSON NAME	PHONE NUMBER:
2nd CONTACT PERSON	PHONE NUMBER:
3rd CONTACT PERSON	PHONE NUMBER:
DISTRICT(S) AFFECTED:	
STRATEGIC GOAL:	
SUBGOAL: SUBJECT:	
COMMUNITY AND STAKEHOLDER OUTREACH:	
BACKGROUND / DISCUSSION:	
PRIOR COUNCIL ACTION:	
AMOUNT AND SOURCE OF FUNDING:	