

## LEGAL SERVICES REQUEST TO COUNTY COUNSEL

REQUESTING DEPT: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPT HEAD APPROVAL OBTAINED: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

DEPT CONTACT : \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Dept Contact email: \_\_\_\_\_

INDEX CODE: \_\_\_\_\_

Your Dept file No./Legistar Item number, etc. : \_\_\_\_\_

TYPE OF SERVICE REQUESTED : \_\_\_\_\_

(Review, Advice, Opinion, Analysis, Litigation, Personnel, Evaluation, Ordinance, Resolution, Approval, Subpoena, etc.)

SUBJECT: \_\_\_\_\_

Any related matters: \_\_\_\_\_

SUMMARY OF SPECIFIC LEGAL QUESTION/LEGAL ACTION REQUESTED:

**BACKGROUND / DISCUSSION:** (Please submit/attach any relevant documents, and any prior legal opinions related to the request.)

