

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.)

