Request to Present At the Idaho Juvenile Justice Commission

| | Date: |
|---|-------|
| Name of Requester: | |
| County: | |
| Phone number: | |
| E-mail address: | |
| What date do you want to be on the agenda? | |
| (Request must be received 14 days before the quarterly Commission Meeting) | |
| Length of time requesting? | |
| Reason for request | |
| Requesting Funds What is the funding for? | |
| | |
| | |
| Providing Information What would you like to share? | |
| | |
| Offering Training Reason for the training: | |
| | |
| Providing Feedback Reason for the feedback: | |
| | |
| Other Why do you want to be on the Commission's agenda? | |
| | |
| Approved as requested above, no change. Approved, but at a different meeting. Disapproved. Need more information. | |

Signature of Commission Chair

Date