



# Action Request Form to County Counsel's Office

Please electronically submit this form and all attachments to [countycounsel@co.imperial.ca.us](mailto:countycounsel@co.imperial.ca.us).

Requested Response Date & Any Known Deadlines: \_\_\_\_\_

## Source of Request

Department Name: \_\_\_\_\_

Person Requesting Action: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Funding Source (if applicable):

Budget Acct.: \_\_\_\_\_

Org. Key: \_\_\_\_\_

Please describe in detail what you are requesting from County Counsel (1-3 sentences):

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Please attach all relevant documents (contracts, leases, letters, emails) and list the attachments below:

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### *For County Counsel Office Use Only*

Received By Initials \_\_\_\_\_

Action Request Number \_\_\_\_\_

Assigned to \_\_\_\_\_

Completed Date \_\_\_\_\_

Completed By \_\_\_\_\_