



CATOOSA COUNTY BOARD OF COMMISSIONERS

APPROVAL SHEET FOR AGENDA ITEMS

DEPARTMENT: _____

MEETING DATE: _____

| |
|---|
| AGENDA ITEM: |
| DEPARTMENT DIRECTOR SIGNATURE: _____ DATE: _____ Comments: |
| CHIEF FINANCIAL OFFICER (If Applicable) SIGNATURE: _____ DATE: _____ Comments: |
| COUNTY ATTORNEY SIGNATURE: _____ DATE: _____ Comments: |
| COUNTY MANAGER SIGNATURE: _____ DATE: _____ Comments: |

| |
|---|
| Received in County Clerk's Office by: _____ DATE: _____ |
|---|