



## HEALTH BOARD AGENDA REQUEST FORM

Name of Requestor:			
Address:			
Phone Number:		Email Address:	
Date of Request:		Date of Meeting:	
Matter of Request:			
Documents Attached:			

Email this completed form for considerations, along with all supporting documentation to Tara Street, Health Board Administrative Assistant at [tstreet@grantcounty.in.gov](mailto:tstreet@grantcounty.in.gov), or hand deliver to the Grant County Health Department located at 401 S. Adams St., Marion, IN 46953

The Agenda Request Form submission deadline is noon on Wednesday prior to each Health Board Meeting, except when affected by a County Holiday or an Emergency Closing. For exact Health Board Meeting dates please refer to the Grant County Website, Health Department, Health Board.

### Administration

765-651-2401 EXT 3108

[tstreet@grantcounty.in.gov](mailto:tstreet@grantcounty.in.gov)

401 S. Adams Street, Marion, Indiana 46953