

**COUNTYWIDE OVERSIGHT
BOARD FOR COUNTY OF RIVERSIDE
AGENDA ITEM SUBMISSION REQUEST FORM**



DATE SUBMITTED: _____, _____, 20__

FROM : SUCCESSOR AGENCY TO THE [INSERT SPONSORING COMMUNITY NAME]
REDEVELOPMENT AGENCY

SUBJECT:

_____ ROPS/Admin Budget

_____ LROPS/Admin Budget

_____ Property Transfer

_____ Amend Enforceable Obligation

_____ Other: _____

SUCCESSOR AGENCY RECOMMENDED MOTION:

ATTACHMENTS:

PROPOSED OB HEARING DATE: _____, _____, 20__

RATIONALE FOR SPECIAL HEARING (as applicable): _____
