

**MODOC COUNTY BOARD OF SUPERVISORS
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: September 8, 2020
Name of Requesting Party or Entity: **Chester Robertson, Board of Supervisors**

Regular or Consent: **Regular**

Kind of Action Requested: **Closed Session**

Describe Specific Action Requested or Information to be Discussed:

Pursuant to CA Government Code 54957; Performance Evaluation; Title: County Administrative Officer.

Budget Affected: No

Clerk's Instructions:
Certified Copies Needed: No
Minutes Orders Needed: No

Date Submitted: 9/1/2020

Phone Number: 530-233-7660 Email: ChesterRobertson@co.modoc.ca.us

Agenda Item Number: 17.d