

**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: **Elizabeth Cavasso, 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(b)(1); Public Employment; deliberation regarding candidates for appointment of District Attorney.

Budget Affected: No

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

Date Submitted: 9/1/2020

Phone Number: (530) 640-0002

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Agenda Item Number:17.c