FILLABLE FORM



LEGAL REQUEST MEMORANDUM (LRM)

| From: (Name) | Miller | Erin ([| Dept) | | V | |
|---|---|---|------------------------------|----------------------------|--|--|
| Last (Title) | First | | | (D) | | |
| (Title) | Deputy Director | , MCSO Emergency M | lgmt | (Phone) | | |
| Signature | via email | | | Date07/31/2024 | | |
| The Office of the Co supporting docume | | uested to provide | legal assistance a | s detailed in t | his legal request and | |
| Request for: | New Document Review & Comme Approve as to Form Other | | | nt RESUBMIT LRM No. | | |
| Description of Request | | | | | | |
| and approval. | olution for the Marion Co | ounty Comprenensive | e Emergency Manage | ment Plan (CEMF | P) for County Attorney review | |
| For more information or | r discussion, contact: | ✓ Same as abov | e | | | |
| (Name) | | (Title) | | | (Phone) | |
| Last | First | | | | | |
| Agenda Item? | ✓ Yes No | Agenda Date: | 08/06/2024 | | | |
| Agenda Deadline Date f | | A | | | | |
| | | | | | | |
| Note: Ple | ease allow a MINIMUM | of 5 working days B | SEFORE deadlines fo | r LRM to be com | pleted. | |
| | DO NOT CO | OMPLETE - Office of | the County Attorne | y use ONLY | | |
| LRM No. 2024-643 | 3 | | | | | |
| Assigned to: Ma | tthew Guy Minter, | Dana E. Olesky, Chief Asst. County Att | orney 🗹 Thomas Asst. Coul | s Schwartz nty Attorney | Valdoston Shealey Asst. County Attorney | |
| Outcome: | | | | Date Receiv | /ed: | |
| Approved as to form | and legal sufficiency | | | RECEIVE | D | |
| Approved with revisi | ons: Suggested | Completed | | 1 | y Attorney- AT at 4:18 pm, Jul 31, 202 | |
| Other: Attorney Signature: Staff Signature: | Hons Ag | Date: | Date Returned: V De | 7/3 l/ | min [| |
| l | dompleted | | | • | Rev 11/22/2023 | |