

RLS #:

Due Date: _____

DATE RECEIVED: _____

REQUEST FOR LEGAL SERVICES

(Please type or print)

Date: _____ Item Resubmitted Previously Yes No

If Yes, please provide previous RLS # _____ - _____ - _____

To: Office of the County Attorney, Attention: _____

From / Title: _____

Department / Division: _____

Telephone # (Very Important): _____

Re (i.e. Subject): _____

BACKGROUND OF REQUEST/PROBLEM:

(Describe problem and give background information - be **specific**, **concise**, and **articulate**)

DOCUMENTATION:

Are there documents or other information needed to review this matter? Yes No

If yes, attach and reference this information:

Attachment 1: _____

Attachment 2: _____

Additional Attachments: _____

ACTION REQUESTED:

(Be very specific. Identify exactly what you need in the way of legal services.)

cc: _____

