

**Nomination Form**  
**Webb County Priority Agenda to the 85<sup>th</sup> Legislature**

**Legislative Request/Purpose:**

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**Webb County Legislative Contacts:**

<i>Primary Contact (Name/Title):</i>	<i>Alternate Contact (Name/Title):</i>
<i>Phone:</i>	<i>Phone:</i>

Draft/sample legislation prepared/available?

Attached?

**Legislative Questions/Issues:**

<i>What caused and/or when did this problem begin in Webb County?</i>
<i>Why did you ask to file this legislation?</i>
<i>What is a specific example of this problem?</i>
<i>Why does this cause the county hardship?</i>
<i>Why does this problem need to be solved legislatively?</i>
<b>Additional Notes/References:</b>