

# REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

**Tracking Number:** \_\_\_\_\_ 18

**Date of Request:** February 18, 2008

**Date Request Received:** February 18, 2008

**Board Meeting Date Requested:** March 10, 2008

**Board Meeting Date Assigned:** March 10, 2008

**Short Title:** Resolution Approving Appointment Of A 2008 Pender County Board Of Equalization And Review.

- Request Status:**
- Request is proceeding to Board of Commissioners
  - More information is needed – see attached
  - Request on hold – no further information needed
  - Other:

**Background:** In 1994, the Pender County Board of Commissioners created a special board of equalization and review as allowed by the North Carolina General Statutes. Citizens were recruited and appointed and this Board has served continuously since its creation. The citizens of Pender County and the Pender County Tax Office have been well served by the 2007 members of this Board. It is recommended that the Pender County Board of Commissioners re-appoint the following citizens to the Pender County Board of Equalization and Review: Bryant Shepard, Chairman; Paul Ledell Casey, Vice-Chairman; Kenneth Just; Judson Brinkley Croom; Leslie Green; and adding as an Alternate the appointment of Stuart Mossman for one year to include all and full powers and duties included in Chapter 105 of the Statutes of North Carolina as amended.

(Administrative Use Only)

## CONTRACT TYPE

According to Chapter 105, the Pender County Board of Equalization and Review should be appointed to annual One-Year (1) terms.

- Renewal
- For Service(s)
- Intergovernmental – County as Grantee
  - Federal Grantor
  - State Grantor
  - Grant or
- County as Grantor:
  - County Funds
  - Other Funds:
- Revision
- For Equipment

**Specific Action Requested:** Re-appoint the citizens listed above for one-year terms as the Pender County Board of Equalization and Review.

**PURCHASING** Budgeted Item:  Yes  No  
Date Rec'd:  Reviewed and Approved  
 Comments on Reverse

Requested by: Coby S. Heath  
Department: Tax Office  
Title: Tax Assessor  
Contact Phone: 910-259-1256  
Contact Fax: 259-1482

Date Sent: \_\_\_\_\_  
Signed: \_\_\_\_\_

**ATTORNEY**  Reviewed and Approved  
Date Rec'd:  Legal Problem(s)  
 Comments on Reverse

Date Sent: \_\_\_\_\_  
Signed: \_\_\_\_\_

**FINANCE** Sufficient Funds  Available  
Date Rec'd  Not Available  
 Budget Amendment Necessary  
 Budgeted Amendment is Attached  
 Comments on Reverse

Date Sent: \_\_\_\_\_  
Signed: \_\_\_\_\_

**CLERK** Signature(s) Required:  
 Board Chairman/County Manager  
 Other:

Date Rec'd Approved by Board:  Yes  No  
At meeting on

