



MEETING REQUEST

Organization: _____

Contact Name: _____

Contact Telephone: _____

Contact Email: _____

Date of Request: _____

Deadline/Other Constraints: _____

Date of Meeting: _____ Time: _____ : _____ a.m. / p.m.

Subject: _____

Attendees: _____

Location Preference: Woodland office: Davis office: Other: _____

Woodland: 625 Court Street, Rm 204
Woodland, CA 95695
Fax: (530) 666-8193

Davis: 600 A Street, Ste B
Davis, CA 95616
Fax: (530) 747-0286

PLEASE NOTE SUPERVISOR THOMSON SCHEDULES UP TO 3 WEEKS IN ADVANCE.

Contact Person: Laura Bibelheimer
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(530) 666-8620