

**REQUEST FOR LEGAL SERVICES**

File Number: \_\_\_\_\_ *(if previously reviewed by legal. Please include the previous LRS number)*

Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_ *(LSR requires a minimum of 5 business days.)*

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Subject:

Background:

\_\_\_\_\_  
County Administrator  
*(For Legal Opinion Requests)*

\_\_\_\_\_  
Departmental Head

Response:

Date: \_\_\_\_\_

\_\_\_\_\_  
County Counsel's Office