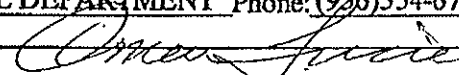


**Cameron County Commissioners' Court
Agenda Request Form**

C-PP

No. _____

Date: 04/14/2015 Meeting Date Request APRIL 23, 2015
Deadline for Action: 04/14/2015 Contact Person: SHERIFF, OMAR LUCIO
Department: SHERIFF'S / JAIL DEPARTMENT Phone: (956)554-6700 Fax No. (956) 554-6775
Dept. Head/Official Signature: 

Caption:

CONSIDERATION AND POSSIBLE APPROVAL OF AGREEMENT WITH DR. JAMES A. FREEBERG, ED. D., P.C., PSYCHOLOGIST TO PROVIDE SERVICES TO THE CAMERON COUNTY SHERIFF'S DEPARTMENT.

approved by Com. Court 4/23/15

Background: (Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation)

Please fill in all blanks by initial or place N/A if approval is not applicable:

Approval:
County Judge _____ Auditor _____ Legal _____ Budget _____ Personnel _____ Purchasing _____

Fiscal Data:
Dept./Fund No.: _____ Amt Expended: \$ _____ Funds/Staffing Budgeted: Yes _____ No _____
Account Code: _____ Impact on Future Budget: Yes _____ No _____

Comments:

Action taken by Commissioner's Court:
Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____