



|                                          |                                                                                                                                                                                                                                                                                                      |                        |            |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|
| <b>AGENDA DATE:</b>                      | February 10, 2026                                                                                                                                                                                                                                                                                    |                        |            |
| <b>AGENDA SUBJECT:</b>                   | <b>EXECUTIVE SESSION - Section 551.071 Consultation with Attorney</b> – to seek advice from its attorney on a matter in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct conflicts with this chapter: <b>Interlocal Agreements</b> |                        |            |
| <b>PREPARED BY:</b>                      | Veronica Welch, City Secretary                                                                                                                                                                                                                                                                       | <b>DATE SUBMITTED:</b> | 01/30/2026 |
| <b>EXHIBITS:</b>                         |                                                                                                                                                                                                                                                                                                      |                        |            |
| <b>BUDGETARY IMPACT:</b>                 | <b>Required Expenditure:</b>                                                                                                                                                                                                                                                                         | \$00.00                |            |
|                                          | <b>Amount Budgeted:</b>                                                                                                                                                                                                                                                                              | \$00.00                |            |
|                                          | <b>Appropriation Required:</b>                                                                                                                                                                                                                                                                       | \$00.00                |            |
| <b>CITY ADMINISTRATOR APPROVAL:</b>      |                                                                                                                                                                                                                                                                                                      |                        |            |
| <b>SUMMARY:</b>                          |                                                                                                                                                                                                                                                                                                      |                        |            |
| <br><br><br><br><br><br><br><br><br><br> |                                                                                                                                                                                                                                                                                                      |                        |            |
| <b>RECOMMENDED ACTION:</b>               |                                                                                                                                                                                                                                                                                                      |                        |            |
| <br><br><br><br><br><br><br><br><br><br> |                                                                                                                                                                                                                                                                                                      |                        |            |