



## Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Mitch Harrell  
2. **Organization/Title/Telephone:** Public Safety/Director/352-486-5209  
3. **Meeting Date:** Tuesday, October 20, 2020

4. **Requested Motion/Action:**

Requesting approval from the Board and the Chairman's signature on the Levy County Department of Public Safety (EMS) Certificate of Public Convenience and Necessity (COPCN)

5. **Agenda Presentation:** Yes  No  N/A

6. **Time Requested:** Click or tap to enter a date.  
(Request will be granted if Possible) allotted time not more than 15 minutes

7. **Is this Item Budgeted (If Applicable):** Yes  No  N/A

8. **If no, State Action Required:**

- a. **Budget Action:** EnterTextHere  
b. **Financial Impact Summary Statement:** EnterTextHere  
c. **Detailed Analysis Attached** EnterTextHere  
d. **Budget Officer Approval:** EnterTextHere

**If approved enter date:** Click or tap to enter a date.

9. **Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)**

The COPCN is necessary for County EMS to continue operating.

10. **Recommended Approval**

- a. **Department Director:** Yes  No  N/A   
b. **County Attorney:** Yes  No  N/A   
c. **County Coordinator:** Yes  No  N/A   
d. **Other:** Yes  No  N/A