



**ILLINOIS CITY/COUNTY
MANAGEMENT ASSOCIATION**

PRS SERVICE REQUEST FORM

Name: _____

City, village, town, or county: _____

Phone: _____ Email: _____

Fax: _____ Cell: _____

Describe the requested service here and/or mark and X in the box next to the titles below:

Interim local government administrator	<input type="checkbox"/>	Interim department manager	<input type="checkbox"/>	Budget or finance generalist	<input type="checkbox"/>	Organization or service analysis	<input type="checkbox"/>
Land use planner and/or zoning administrator	<input type="checkbox"/>	Human resource generalist	<input type="checkbox"/>	RFQ or RFP preparer	<input type="checkbox"/>	Capital projects planner or advisor	<input type="checkbox"/>
Insurance administrator	<input type="checkbox"/>	Strategic planning retreat facilitator	<input type="checkbox"/>	Interim assistant	<input type="checkbox"/>		<input type="checkbox"/>

Provide entire list of PRS registrants? _____

Provide list limited to those interested in the requested service? _____

Provide a guide sheet on negotiating a contract and/or a model contract? _____

Signature: _____ Date: _____

Name or names submitted (provided after this form is completed, signed, and delivered):
