



Medina County Commissioners Cell Phone Stipend Request Form



I have received approval from the County Administrator and the Board of Commissioners to receive a monthly stipend paid on a quarterly basis per the County Cell Phone Policy 7.007.

The quarterly amount is _____ to be paid for _____ quarter.

Employee Signature

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Department Head/Commissioner