

**AGENDA REQUEST FORM**

**Agenda Item:** To consider and/or approve Melody Bays as Requisition Officer (Alternate) for All Health Department Accounts.

**Name of Person Submitting Request:** Melody Bays, Regional Director

**Address:** Cleveland County Health Department  
250 12<sup>th</sup> Ave. NE  
Norman, OK 73071

**Phone:** (405) 579-2261

**Date Requested:** 05/13/2026

**Description of Agenda Item including purpose for consideration by Board of County Commissioners (include type of Motion requested).**

To consider and/or approve Melody Bays as Requisition Officer for All Health Department Accounts. Melody Bays will replace Jackie Kanak as alternate Requisition Officer.

(105265-51000, 105265-53000, 105265-54000, 105265-55000, 105266-55000, 105267-54000, 105267-55000)

Date: \_\_\_\_\_

\_\_\_\_\_ (Chairman) \_\_\_\_\_

\_\_\_\_\_ (Member) \_\_\_\_\_

\_\_\_\_\_ (Member) \_\_\_\_\_

Attest: \_\_\_\_\_

Deputy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE**

**APPOINTMENT OF REQUESTING OFFICER(S)**

The following employee(s) of the \_\_\_\_\_ Cleveland County  
Health Department \_\_\_\_\_ (Dept. or Office)  
have been appointed by me, \_\_\_\_\_ Melody Bays \_\_\_\_\_ (Name),  
Regional Director \_\_\_\_\_ (Title) of Cleveland County to  
serve as requesting officer(s) for the year ended June 30, 2027.

NAME

APPROPRIATION ACCOUNT

Melody Bays

All Health Dept Accounts

105265 51000  
105265 53000  
105265 54000  
105265 55000  
105266 55000  
105267 54000  
105267 55000

Signed this 13th day of May, 2026 .

  
\_\_\_\_\_  
RATD (Title) (Officer or Dept. Head)

The above appointment(s) have been acknowledge by the Board of County  
Commissioners of Cleveland County and entered into the minutes of the Board  
this \_\_\_\_\_ day of \_\_\_\_\_, 200 .

ATTESTED TO BY:

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Vice-Chairman

\_\_\_\_\_  
Member