AGENDA
CITY OF HENDERSON
REDEVELOPMENT AGENCY ADVISORY COMMISSION/
DHBA WORKSHOP

Special Meeting	**Henderson Convention Center**
Thursday, July 19, 2007	**200 Water Street**
5:00 p.m.	**Henderson, Nevada 89015**

Notice to persons with special needs: For those requiring special assistance or accommodation at the meeting, please contact 702-267-1515 or the City's TTY telephone 702-267-6358 at least 72 hours in advance of the meeting.

The Chairman reserves the right to hear agenda items out of order. All items are action items unless otherwise noted.

CITY OF HENDERSON WEB SITE ADDRESS: http://www.cityofhenderson.com

I. **CALL TO ORDER**

II. **WELCOME AND INTRODUCTIONS**

III. **PAST SUCCESSES**

IV. **CURRENT PROJECTS/COMMITMENTS**

V. **AREAS OF CONCERN**

VI. **IMMEDIATE PRIORITIES AND ACTION PLAN**

VII. **ADJOURNMENT**

Posted July 13, 2007 at the following locations:
City Hall, 240 Water Street, 1st Floor Lobbies (2)
Multigenerational Center, 250 S. Green Valley Parkway
Whitney Ranch Recreational Center, 1575 Galleria Drive
Fire Station No. 86, 96 Via Antincendio

REDEVELOPMENT AGENCY ADVISORY COMMISSION DATE:
July 19, 2007

CERTIFICATION OF MAILING

I hereby certify that on _____, I mailed to each individual and/or Agency listed on the Master Agenda Mailing Request List a copy of the Agenda of **the July 19, 2007**, special meeting of the Redevelopment Agency Advisory Commission.

_____

CERTIFICATION OF AGENDA POSTING

I hereby certify that on_____, a copy of the Agenda for the **July 19, 2007**, meeting of the Redevelopment Agency Advisory Commission was posted at each of the following places:

City Hall, 240 Water Street, 1st Floor Lobbies (2)
Multigenerational Center, 250 S. Green Valley Parkway
Whitney Ranch Recreational Center, 1575 Galleria Drive
Fire Station No. 86, 96 Via Antincendio

_____

CERTIFICATION OF AGENDA RETENTION

I hereby certify that on _____, an agenda for the Redevelopment Agency Advisory Commission meeting of **July 19, 2007**, was forwarded to the City Clerk's office for permanent retention.

REDEVELOPMENT SECRETARY: _____

DATE: _____

RECEIVED BY: _____

DATE: _____