



## **SPECIAL MEETING AGENDA**

**Friday, May 15, 2020**

335 West Colorado Ave, Telluride Colorado (WEST WING) Audio and Video  
Telluride, Colorado

1. **12:45 PM CALL TO ORDER - ZOOM Special Daily Meeting - Zoom.us - Join a Meeting, Meeting Id # 534.180.495, Password 014764, audio 1-301-715-8592 or 1-253-215-878**
2. **ADMINISTRATIVE MATTERS**
  - a. Discussion and update with the San Miguel County Stakeholders and Commissioners on the virus outbreak.
  - b. 1:15 pm Discussion with the towns on a unified approach to Public Health order implementation.
  - c. Other, as needed.

### **3. ADJOURNMENT**

**NOTE: This agenda is subject to change, including the addition of items up to 24 hours in advance or the deletion of items at any time. All times are approximate. The County Manager reports may include administrative items not listed. Regular Meetings, Public Hearings, and Special Meetings are recorded, and ACTION MAY BE TAKEN ON ANY ITEM. Formal Action cannot be taken at Work Sessions. For further information, contact the County Administration office at 970-728-3174. If special accommodations are necessary per ADA, contact 970-728-3174 prior to the meeting.**

The official, designated posting place for all BOCC notices will be online at <https://www.sanmiguelcountyco.gov/liveagenda>. Use this

link to view the live agenda with any last-minute changes. To be automatically notified, please sign up at [www.sanmiguelcountyco.gov](http://www.sanmiguelcountyco.gov), sign up for alerts, and follow the prompts.



AGENDA ITEM - 2.a.

**TITLE:**

Discussion and update with the San Miguel County Stakeholders and Commissioners on the virus outbreak.

**Presented by:**

**Time needed:**

**PREPARED BY:**

**RECOMMENDED ACTION/MOTION:**

**INTRODUCTION/BACKGROUND:**

**FISCAL IMPACT:**

Contract Number:	Date Executed	End Date	Department(s)
YYYY-###			Board of County Commissioner Staff
Description:			



AGENDA ITEM - 2.b.

**TITLE:**

1:15 pm Discussion with the towns on a unified approach to Public Health order implementation.

**Presented by:**

**Time needed:**

**PREPARED BY:**

**RECOMMENDED ACTION/MOTION:**

**INTRODUCTION/BACKGROUND:**

**FISCAL IMPACT:**

Contract Number:	Date Executed	End Date	Department(s)
YYYY-###			Board of County Commissioner Staff
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