Continuation or Deletion Request

Date: **June 1, 2021**

To: Clerk of the Board of Supervisors

From: **Clayton Chau, Agency Director, Health Care Agency**

Re: ASR Control #:_____, Meeting Date 06/08/21 Agenda Item No. # 2

Subject: **Approve Master Agreement for COVID-19 Mobile Vaccination Services**

☒ Request to continue Agenda Item No. # 2 to the 6/22/21 Board Meeting.

Comments:

☐ Request deletion of Agenda Item No. # _____

Comments: