



Scott County Board of Supervisors
January 4, 2023 – 8:30 a.m.
AGENDA

190 Beech Street Suite 201 Gate City, VA 24251



<i>No.</i>	<i>Item of Business/Action Requested</i>	<i>Action Taken by Board</i>																								
1.	Call To Order – County Administrator Freda Starnes																									
2.	Invocation and Pledge of Allegiance by Stefanie Addington																									
3.	Roll Call of Members	<input type="checkbox"/> Mr. Jeter, District 1 <input type="checkbox"/> Mr. Tipton, District 2 <input type="checkbox"/> Mr. Herron, District 3 <input type="checkbox"/> Mr. Brickey, District 4 <input type="checkbox"/> Mr. Mann, District 5 <input type="checkbox"/> Ms. Hood, District 6 <input type="checkbox"/> Ms. Addington, At Large																								
4.	Term of office Chairman and Vice-Chairman	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">A Y E</td> <td></td> <td align="center">N A Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	A Y E		N A Y	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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5.	Elect Chairman Short Break to allow for seating adjustments New Chairman presides over the meeting	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">A Y E</td> <td></td> <td align="center">N A Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	A Y E		N A Y	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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6.	Elect a Vice-Chairman	Motion: _____ Second _____ <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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9.	Approve Agenda	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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10.	Approve Minutes: November 17, 2022 December 7, 2022 December 19, 2022	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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11.	Citizen Expression Period:																									



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12.	Public Hearing on a Special Use Permit Application submitted by the Scott County Economic Development Authority for single family dwelling, attached, single family dwelling, detached, townhouse; two family dwelling at tax map # (s) 146B7 A 20 on Riverside Park Lane in Scott County, VA.	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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13.	Public Hearing on a Special Use Permit Application submitted by Johnny G. Steffey for minor auto repair at tax map # (s) 168-10-10 in Scott County, VA.	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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16.	Gillenwater Loop Bridge	Motion: _____ Second _____ <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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17.	Moseley Architects Agreement	Motion: _____ Second _____ <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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18.	Approve job description for Building Inspector	Motion: _____ Second _____ <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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19.	Crooked Road Community Sign Project	Motion: _____ Second _____ <table border="0"> <tr> <td style="text-align: center;">AYE</td> <td></td> <td style="text-align: center;">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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20.	Legislative Reception	<p>Motion: _____ Second _____</p> <p> <table border="0"> <tr> <td>AYE</td> <td></td> <td>NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table> </p>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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21.	Budget Calendar	<p>Motion: _____ Second _____</p> <p> <table border="0"> <tr> <td>AYE</td> <td></td> <td>NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table> </p>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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22.	County Attorney Items	<p>Motion: _____ Second _____</p> <p> <table border="0"> <tr> <td>AYE</td> <td></td> <td>NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table> </p>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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25a.	Enter Closed Session Pursuant to Virginia Code Section 2.2-3711A 1-Personnel 3-Real Estate 5-Prospective Industry 6-Competitive Investments 7-Legal Counsel	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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25b.	Return to Open Session	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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25c.	Certify Closed Session	Motion: _____ Second _____ <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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26.	Take Any Necessary Action from Closed Session	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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27.	Adjourn meeting until February 1, 2023 at 8:30 a.m.	<p>Motion: _____ Second _____</p> <table border="0"> <tr> <td align="center">AYE</td> <td></td> <td align="center">NAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jeter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tipton</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Herron</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brickey</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mann</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hood</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Addington</td> <td><input type="checkbox"/></td> </tr> </table>	AYE		NAY	<input type="checkbox"/>	Jeter	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	Herron	<input type="checkbox"/>	<input type="checkbox"/>	Brickey	<input type="checkbox"/>	<input type="checkbox"/>	Mann	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Addington	<input type="checkbox"/>
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