

JOE SHIRLEY, JR.
VICE CHAIRMAN
DISTRICT I
P.O. Box 1952, Chinle, AZ 86503

ALTON JOE SHEPHERD
CHAIRMAN
DISTRICT II
P.O. Box 994, Ganado, AZ 86505

NELSON DAVIS
SUPERVISOR
DISTRICT III
P.O. Box 428, St. Johns, AZ 85936

**BOARD OF SUPERVISORS
OF APACHE COUNTY**

P.O. BOX 428
ST. JOHNS, ARIZONA 85936

TELEPHONE: (928) 337-7503
FACSIMILE: (928) 337-2003



RYAN N. PATTERSON
MANAGER-CLERK
ST. JOHNS, AZ 8

**NOTICE OF PUBLIC MEETING AND AGENDA OF THE
APACHE COUNTY BOARD OF SUPERVISORS**

Pursuant to A.R.S. §38-431.02(H), the public will have physical access to the meeting room thirty (30) minutes prior to the start of the meeting.

**September 22, 2026
County Manager's Conference Room, Second Floor
75 West Cleveland Street
St. Johns, Arizona
1:00 p.m. MST**

1. County Attorney: Discussion and possible approval of a Memorandum of Understanding between Apache County, Navajo County, and Coconino County to provide court ordered evaluation services.
2. District I: Discussion and possible approval to hire an Assistant District Manager (Salary Range 57) within the salary range.

One or more members of the Board of Supervisors may participate telephonically or through video communication.

Posted this 21st day of September 2026, at 11:15 a.m. MST by

Ryan N. Patterson
Clerk of the Board

**Apache County Board of Supervisors
AGENDA ITEM REVIEW FORM**

date/time stamp

Submitter's Name: (Individual, Organization, or County Department)

Date/Signature: County Attorney

Describe in detail what you want to say to the Board and what action you want the Board to take:

Discussion and possible approval of a Memorandum of Understanding between Apache County, Navajo County, and Coconino County to provide court ordered evaluation services.

BOS Meeting Date 9/22/26

PRE-AGENDA ITEM REVIEW

Legal Review: _____

Signature _____

Finance Review: _____

Signature _____

Human Resources Review: _____

Signature _____

Other Review: _____

Signature _____

Reviews completed, item approved for Agenda. Board Clerk's Initials _____

**Apache County Board of Supervisors
AGENDA ITEM REVIEW FORM**

date time stamp

Submitter's Name: (Individual, Organization, or County Department)

Date/Signature: _____ District I _____

Describe in detail what you want to say to the Board and what action you want the Board to take:

Discussion and possible approval to hire an Assistant District Manager (Salary Range 57) within the salary range.

BOS Meeting Date ____9/22/26____

PRE-AGENDA ITEM REVIEW

Legal Review: _____

Signature _____

Finance Review: _____

Signature _____

Human Resources Review: _____

Signature _____

Other Review: _____

Signature _____

Reviews completed, item approved for Agenda. Board Clerk's Initials _____