NOTICE OF MEETING

BALCONES HEIGHTS CRIME CONTROL & PREVENTION DISTRICT BOARD OF DIRECTORS

TAKE NOTICE THAT A REGULAR CALLED MEETING OF THE CRIME CONTROL & PREVENTION DISTRICT BOARD OF DIRECTORS OF THE CITY OF BALCONES HEIGHTS, TEXAS WILL BE HELD ON THE **8th DAY OF JUNE 2009, AT 5:30 P.M**., IN THE JUSTICE CENTER, LOCATED AT 3300 HILLCREST DRIVE, BALCONES HEIGHTS, TEXAS, TO ACT UPON ANY LAWFUL SUBJECT WHICH MAY COME BEFORE SAID MEETING, INCLUDING AMONG OTHERS THE FOLLOWING BUSINESS:

I.   Call To Order & Recording of Quorum:

II.   Approval of Minutes:

        Minutes, May 11, 2009

III.   Citizens To Be Heard:

IV.   Business Items:

1.   Board of Directors will elect a President from among its members to serve a one-year term of office pursuant to Section 363.103 of the *Local Government Code*.

2. The Board of Directors will elect a Vice-President from among its members to serve a one-year term of office pursuant to Section 363.103 of the *Local Government Code*.

3. The Board of Directors will appoint a Board Secretary to serve a one-year term of office pursuant to Section 363.103 of the *Local Government Code*.

4. Board will conduct a **PUBLIC HEARING** on the proposed 2009-2010 Balcones Heights Crime Control & Prevention District budget.

5. Board will review, discuss and may take appropriate **ACTION** on a resolution adopting the 2009-2010 Annual Operating Budget for the Balcones Heights Crime Control & Prevention District.

V.   Adjournment:

IF YOU PLAN TO ATTEND THE MEETING AND YOU HAVE A DISABILITY THAT REQUIRES SPECIAL ARRANGEMENTS AT THE MEETING, CONTACT CITY SECRETARY, WITHIN 72 HOURS OF THE MEETING (210) 735-9148. REASONABLE ACCOMODATIONS WILL BE MADE TO ASSIST YOUR NEEDS. ANY REQUIREMENTS FOR SIGN INTERPRETIVE OR OTHER SERVICES MUST BE MADE 48 HOURS IN ADVANCE OF THE MEETING FOR WHICH THE SERVICES ARE BEING REQUESTED. TO REQUEST INTERPRETIVE SERVICES CALL CITY SECRETARY OR TEXAS DEVICE FOR THE DEAF.

DATE POSTED: _____

TIME POSTED: _____ BY: _____

DATE RETRIEVED: _____

TIME RETRIEVED: _____ BY: _____