ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

10. Clerk of the Council	
TITLE OF PROPOSED MOTION:	
Clerk's Action:	Proposed Motion No
Assigned to:	Date:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
STANDING COMMITTEE RECOMMENDATION FORM	
On, the Com	mittee made the following recommendation:

Consent Agenda ____ Regular Agenda ___ Administrative Matters ____

Public Hearing Date ____ at ____

Move to Council for action on:

____ Move to Council as revised for action on: _____

_____ Other _____

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Committee Chair