ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council TITLE OF PROPOSED MOTION: Clerk's Action: Proposed Motion No._____ Assigned to: Date: **RE-ASSIGNED TO COMMITTEE OF THE WHOLE - 10/1/2024 STANDING COMMITTEE RECOMMENDATION FORM On _____, the Committee made the following recommendation: Move to Council for action on: ____ Move to Council as revised for action on: _____ _____ Other _____ Consent Agenda Regular Agenda Administrative Matters Public Hearing Date _____at