ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO:	Clerk of the Council
TITLE	OF PROPOSED MOTION:

	_ Move to Counci	il as revised for action on:	
	_ Move to Counci	il for action on:	
On		, the Committee made the foll	owing recommendation:
~~~~		COMMITTEE RECOMMEN	
Assign	ned to:		Date:
Clerk's	s Action:	Proposed Motion N	No