ECAF: RECEIVED:

## MOTION ASSIGNMENT SLIP

TO: Clerk of the Council	
TITLE OF PROPOSED MOTION:	

Clerk's Action:	Proposed Mot	ion No
Assigned to:		Date:
	OMMITTEE RECOMN	## Following recommendation:
Move to Council	for action on:as revised for action on:	
Consent Agenda Public Hearing Date _	_	Administrative Matters

Committee Chair