ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Counci	I	
TITLE OF PROPOSED M	IOTION:	
Clerk's Action:	Proposed Mo	tion No
Assigned to:		Date:
Assigned to.		Date
		MENDATION FORM
On,	the Committee made the	e following recommendation:
Move to Council for	action on:	
Move to Council as	revised for action on:	
Other		
Consent Agenda	Regular Agenda	Administrative Matters

Committee Chair

at

Public Hearing Date _____