

ECAF:
RECEIVED:

**MOTION
ASSIGNMENT SLIP**

TO: Clerk of the Council

TITLE OF PROPOSED MOTION:

Clerk's Action: Proposed Motion No. _____

Assigned to: _____ Date: _____

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**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 \_\_\_\_\_

  
\_\_\_\_\_  
Committee Chair