ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO:	Clerk of the Council		
TITLE OF PROPOSED MOTION:			
Clerk	's Action:	Proposed Motion No	
Ciona	o / touon.	Troposod Motion No.	
Assig	ned 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