

ECAF:
RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council

TITLE OF PROPOSED MOTION:

Clerk's Action: _____ Proposed Motion No. _____

Assigned to: _____ Date: _____

****Re-assigned to Committee of the Whole - 9/9/2025**

STANDING COMMITTEE RECOMMENDATION FORM

On _____, the Committee made the following recommendation:

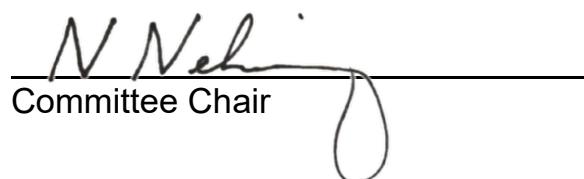
Move to Council for action on: _____

Move to Council as revised for action on: _____

Other _____

Consent Agenda _____ Regular Agenda _____ Administrative Matters _____

Public Hearing Date _____ at _____



Committee Chair