ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

O: Clerk of the Council		
TITLE OF PROPOSED MOTIC	DN:	
Clerk's Action:	Proposed Motion No.	
	•	
ssigned to:	Date:	
STANDING COMMITTEE RECOMMENDATION FORM		

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