ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council

TITLE OF PROPOSED MOTION:

Clerk's Action: Proposed Motion No._______

Assigned to: _______ Date:______

STANDING COMMITTEE RECOMMENDATION FORM

On , the Committee made the following recommendation:

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