ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO:	Clerk of the Council		
TITLE OF PROPOSED MOTION:			
Oll -	. A -4:	Dung and Making Na	
Clerk	's Action:	Proposed Motion No	
Assia	ned to:		Date:
9			
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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