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

Committee Chair

Public Hearing Date _____at