ECAF: RECEIVED:

## MOTION ASSIGNMENT SLIP

TO: Clerk of the Council	
TITLE OF PROPOSED MOTION:	
Clerk's Action:	Proposed Motion No
Assigned to:	Date:
Assigned to.	Date
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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:	

1//

Consent Agenda \_\_\_\_\_ Regular Agenda \_\_\_\_ Administrative Matters \_\_\_\_

\_\_\_\_\_Other \_\_\_\_\_

at

Public Hearing Date \_\_\_\_\_

Committee Chair