

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:

\_\_\_\_\_ Move to Council for consideration on: \_\_\_\_\_

\_\_\_\_\_ Move to Council as revised for consideration on: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

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

**Public Hearing Date** \_\_\_\_\_ **at** \_\_\_\_\_

\_\_\_\_\_  
Committee Chair